

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18738

State File No. _____

Registrar's No. 67

Registration District No. 290

Primary Registration District No. 5987

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Rural Union Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Wayne Douglas Bays

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... 5 10 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
..... hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Barney Lee Bays
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Thelma Inez Alexander
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mr. B. Lee Bays
(b) Address Dixon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/1943 (Month) (Day) (Year)

(c) Place: burial or cremation Seaton Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) MAY 5-1943 (Date received local registrar) (b) 6 hos m. J. J. J. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Rural Union Township
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17
year 1943 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from MAY 10, 1943, to MAY 11, 1943;
that I last saw him alive on MAY 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death STATUS LYMPHATICUS

Due to PREMATURITY (7 months)

Due to
Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature John J. Michalovich (M.D. or other) DO
Address Crack, Mo Date signed 5-19-43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1170

RECEIVED
Pulaski County Health Officer
File Number... 6-43-66
Date Filed... 6-4-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

May 17- 1943
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Fred W. Belcher

Licensed Embalmer No. 2341

P. O. Address. Dixon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.