

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20697

State File No.

FILED JUN 17 1943

Registration District No.

Primary Registration District No. 4001

Registrar's No. 117

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Bertha Lee Hays

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Walter F. Hays
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased Dec. 10 1885
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 6 1 hr. min.

9. Birthplace Adair Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George M. Sullivan
 13. Birthplace Adair Co. Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Carter
 15. Birthplace Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Walter F Hays(b) Address Novinger, Mo.

17. (a) Burial (b) Date thereof 6/13/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Temple Cemetery18. (a) Signature of funeral director Oz Riley(b) Address Kirksville, Mo.

19. (a) 6/14/43 (b) Mrs. J. Wagoner
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town "Rural"
 (If outside city or town limits, write "RURAL")
 (d) Street No. Novinger, Mo. R R # 1
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
 year 1943 hour 5:30 minute _____ P: M.

21. I hereby certify that I attended the deceased from Apr. 9 - 43
 19 _____ to June 11 1943
 that I last saw her alive on June 10 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death anhydremia Duration 2 mos.

Due to Carcinoma of Stomach 4 mos.

Due to _____

Other conditions (Include pregnancy within 3 months of death)
46 f

Major findings:
 Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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)
 (c) Means of injury _____

23. Signature RO Stiebler (M. D. or other) MS
 Address Kirksville Mo Date signed 6-14-43

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

JUN 17 1948

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

[Handwritten Signature]

Licensed Embalmer No. *4181*

P. O. Address.....

[Handwritten Address]

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.