S. No. 2
M—9-4-41
5-17-39
I X29484

22205

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 109 2 3 Primary Registration District No. 5938 5 973 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Rondo — [illegible]
(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 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk 84
(c) City or town Rondo
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Walter Lemon Bays
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Bays
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Feb. (Month) 10 (Day) 1878 (Year)

8. AGE: Years 65 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Russellville (City, town, or county) W. Virg. 1 (State or foreign country)
10. Usual occupation Merchant
11. Industry or business General Merchandise
FATHER
12. Name James Bays
13. Birthplace Russellville (City, town, or county) W. Virg. 1 (State or foreign country)
MOTHER
14. Maiden name Leedona Dorsey
15. Birthplace Russellville (City, town, or county) W. Virg. 1 (State or foreign country)
16. (a) Informant Lawrence Bays
(b) Address Flemington Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Rondo Cemetery
18. (a) Signature of funeral director E. H. Primm
(b) Address Humansville, Mo.
19. (a) June 21, 1943 (Date received local registrar) (b) Mrs Geo Thayer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1943 hour 12 minute 20 P. M.
21. I hereby certify that I attended the deceased from June 6, 1943 to June 12, 1943
that I last saw him alive on June 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Aortic Insufficiency

Due to Senility

Other conditions 92a
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 2
23. Signature W. G. R. Easton (M. D. or other) W.O.
Address Heartleau MO Date signed June 15, 1943

1229 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 6-43-611
Date Filed 7-6-43

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 by me Registered Apprentice No. working under my personal supervision.

Signed E. H. Primm

Licensed Embalmer No. 14282

P. O. Address Humansville, 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.