

Registration District No. 5731

Primary Registration District No. 5731

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Rural Andrew Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 15 mi S.W. of VANDALIA
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 years (Specify whether
In this community 33 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew
(c) City or town Rural Andrew Twp
(If outside city or town limits, write "RURAL")
(d) Street No. 15 mi S.W. of Vandalia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES ALFONZO BAY

3. (b) If veteran, name war --- 3. (c) Social Security No. NONE

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

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

7. Birth date of deceased June 28 1888
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 2 If less than one day --- hr. --- min.

9. Birthplace Guernsey Co, Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General Farm work

12. Name James Bay

13. Birthplace Ohio (City, town, or county) (State or foreign country)

14. Maiden name Maria Mills

15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant W. H. Tupper

(b) Address Wellsville, Mo.

17. (a) Burial (b) Date thereof Sept. 1, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville, Mo

18. (a) Signature of funeral director J. W. Kuhn

(b) Address Wellsville Mo

19. (a) Sept 1 1943 (b) Malcolm Fugate
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30th
year 1943 hour 11 minute --- M.

21. I hereby certify that I attended the deceased from July 22 1942
to Aug 30 1943
that I last saw him alive on Aug 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to fracture of neck of femur
Due to 3 left leg

Other conditions (Include pregnancy within 3 months of death) None

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) accident 004
(b) Date of occurrence Aug 27 1943
(c) Where did injury occur? Same Andrew mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? no (Specify type of place) (e) Means of injury fall

23. Signature P. J. ... (M. D. or other) ---
Address Wellsville Mo Date signed 9/31/43

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

MOTHER FATHER

CHARLES ALMOND, JR.

RECEIVED

District Health Officer No. 10

District File Number 9-43-1510

Date Filed SEP 10 1943

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

C. C. Schuler

Licensed Embalmer No.

3059

P. O. Address

Wellsville, N.Y.

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.