

V. S. No. 2  
50M-5-42  
Rev. 5-17-37  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Robichaux 27992

State File No. \_\_\_\_\_

ED SEP 7 1943

Registration District No. 77

Primary Registration District No. 3012

Registrar's No. 311

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
721 South Marietta  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no.  
(Specify whether  
In this community 67 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay  
(c) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. no.  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ROBERT LEE HAY

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

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 4 years  
7. Birth date of deceased Jan 30 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 6 16 hr. min.

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Henry Hay  
13. Birthplace Ray Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Alpha Craven  
15. Birthplace Ray Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Archie Craven

(b) Address 721 S Marietta, Exc Sp

17. (a) Burial (b) Date thereof 8/17/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crowley Cemetery

18. (a) Signature of funeral director Harold T. Hoppe

(b) Address Excelsior Springs

19. (a) 8-17-43 (b) M. J. Redman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16  
year 1943 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1940, to Aug 15, 1943  
that I last saw him alive on 15 Aug, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hepatitis & Nephritis  
Duration (?)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Asthma - years standing  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 131b  
PHYSICIAN \_\_\_\_\_

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)  
23. Signature Eugene B. Robichaux (M. D. or other)  
Address Excelsior Springs Mo. Date signed 8/11/43

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

24  
1

RECEIVED

District Health Officer No. 21

District File Number

Date Filed

9-3-43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *J. A. Moles* .....

Licensed Embalmer No. *3296* .....

P. O. Address *Gaselston Springs, N.C.* .....

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.