

S. No. 2
4-5-42
5-17-31
X 32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34265**
Registrar's No. **307**

FILED OCT 25 1943

Registration District No. _____

Primary Registration District No. **5135**

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Rural - Ash Hill Twp**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **all his life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Brookley mo.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lloyd Hayes**

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 **single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **9-1-1935**
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name **Howard Hayes**
13. Birthplace **Missouri**
(City, town or county) (State or foreign country)
14. Maiden name **Josie Trout**
15. Birthplace **Arkansas**
(City, town or county) (State or foreign country)

16. (a) Informant **Fisk, Missouri**
(b) Address _____

17. (a) **burial** (b) Date thereof **10-13-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mole Hill**

18. (a) Signature of funeral director **none - family in charge**
(b) Address _____

19. (a) **10-13-43** (b) **Belle Turner**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **12**
year **1943** hour **8** minute **PM.**

21. I hereby certify that I attended the deceased from **OCT. 1ST**
1943 to **OCT. 12, 1943**

that I last saw h. j. **alive on Oct 12, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure** Duration _____

Due to **Myocarditis**

Due to **Inflammatory Rheumatism**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **582** PHYSICIAN _____
Of autopsy _____ 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? _____

23. Signature **Brodolph Bill** (Specify type of place) _____
Address **Fisk, Mo** (e) Means of injury _____
Date signed **10/13/43**

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

RECEIVED

District Health Office No. 2,

District File Number 1043-1338

Date Filed 10-20-43

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.....

Licensed Embalmer No.....

P. O. 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.