

FILED JAN 12 1943  
Registration District No. 275

Primary Registration District No. 3063

Registrar's No. 123

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

1. PLACE OF DEATH:

(a) County Phelps  
(b) City or town Rolla  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
McFarland Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
in this community Life \_\_\_\_\_)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps  
(c) City or town Rolla Mo.  
(If outside city or town limits, write "RURAL.")  
(d) Street No. Rural Route No. 2  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John Wesley Hayes,

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

4. Sex Male 5. Color or Race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah Hayes, 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 10, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 11 5 hr. \_\_\_\_\_ min.

9. Birthplace Maries County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming.

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

12. Name Albert Hayes,

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

14. Maiden name Jane Cane

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

16. (a) Informant Mrs. Sarah Hayes,

(b) Address Rolla, Mo., Route 2

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

(c) Place: burial or cremation Honse Cemetery

18. (a) Signature of funeral director Null & Son Funeral Home

(b) Address 503 West 8th St. Rolla Mo.

19. (a) 12/16/43 (b) J. Keller Weisha  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15  
year 1943 hour 4 ~~hrs~~ minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 2, 1943  
19 \_\_\_\_\_ to Dec 15, 1943

that I last saw him alive on Dec 15, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation

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

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (b) Means of injury \_\_\_\_\_

23. Signature J. Keller Weisha (M. D. or other) \_\_\_\_\_

Address Rolla Mo. Date signed 12/19/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Signed.....

Licensed Embalmer No. 3297

P. O. Address Riverside

**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, above space should be left blank.**