

FILED FEB 9 1944

State File No. _____
Registrar's No. 88

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. Rural #4, St. Joseph, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Russell Winthrop Hayes

3. (b) If veteran, name war No 3. (c) Social Security No. 708-10-0204

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

6. (b) Name of husband or wife Nellie Hayes 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased September 25 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 3 17 hr. min.

9. Birthplace Hayesville Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Traffic Manager

11. Industry or business Chicago Great Western R.R.

12. Name George W. Hayes

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

14. Maiden name Zanette Higgins

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

16. (a) Informant Nellie Hayes

(b) Address Rural #4, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 1/13/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Faucett Cemetery

18. (a) Signature of funeral director Stalter Meierhoffer

(b) Address 1302 Faron St., St. Joseph, Mo.

19. (a) 1-13-44 (b) Arce Higgins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12th.
year 1944 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 22, 1943 to January 12, 1944
that I last saw him alive on January 11, 1944, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis, Chr., glomerular

Due to _____
Due to _____

Other conditions Heart Disease, hypertensive
(Include pregnancy within 3 months of death)
Major findings: Myocarditis, Chr.

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)
(e) Means of injury _____

23. Signature Arthur M.D. (M. D. or other)
Address _____ Date signed 1-12-44

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

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..... *Albert P. Harrington*

Licensed Embalmer No. 3258 Missouri

P. O. Address..... St. Joseph, Missouri.

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.