No. 2
—2-43
5-17-39
1 X35607

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3545

FILED FEB 14 1944

Registration District No. 1849 Primary Registration District No. 3043 Registrar's No. 42

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Elizabeth Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Hannibal (If outside city or town limits, write "RURAL")
(d) Street No. 710 Birch St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Stephen Decatur Hayes
3. (b) If veteran, name war ____
3. (c) Social Security No. 499-10 55 49

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 August (Month) 30 (Day) 1901 (Year)

8. AGE: Years 42 Months 4 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace Marion county (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Service Man
11. Industry or business International Shoe Co.
FATHER
12. Name William L. Hayes
13. Birthplace Monroe County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Lucy McKeran
15. Birthplace Montgomery Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant A. L. Hayes
(b) Address R. #3 Hannibal, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Ray P. Schubert
(b) Address 100 Bdway., Hannibal, Mo.
19. (a) 1/25/44 (Date received local registrar) (b) W. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20 year 1944 hour 2 minute — A. M.
21. I hereby certify that I attended the deceased from Oct 6, 1943 to Jan 20, 1944 that I last saw him alive on Jan 16, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Stomach	Years 1
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46 P

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. B. Blue (M. D. or Coroner)
Address Hannibal Mo Date signed 1-22-44

1146

(Licensed Embalmer's Statement on Reverse Side)

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 Ray P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 1 m. Bdway, Hannibal Mo

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.