

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 15 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

Registration District No. 228

Primary Registration District No. 5793

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Pataskia Rural  
(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 \_\_\_\_\_ (Specify whether)

In this community 50 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Harrison Hays

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13<sup>th</sup> year 1944 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from Nov 2 1943 to Feb 13<sup>th</sup> 1944 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Francis Hays 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan 13 1867  
(Month) (Day) (Year)

Immediate cause of death nephritis

Duration 2 years

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

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

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

8. AGE: Years 77 Months 1 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cooper MO  
(City or town or county) (State or foreign country)

10. Usual occupation Farmer

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

12. Name James Hays

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

14. Maiden name Elizabeth Smith

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

16. (a) Informant Edgar Hays

(b) Address Latham MD

17. (a) Burial (b) Date thereof 2/15/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flag Springs

18. (a) Signature of funeral director William H. ...

(b) Address California MD

19. (a) 2-15-1944 (b) Mr. H. J. Bellier  
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Raymond Latham (M. D. or other) \_\_\_\_\_

Address California, MD Date signed 2-14-44

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

RECEIVED  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 3-14-44

---

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 Hugh E. Yellau  
Licensed Embalmer No. 3537  
P. O. Address California 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.