

No. 2  
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5-17-39  
1 X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12337  
Registrar's No. 22

FILED MAR 23 1944  
Registration District No. 23

Primary Registration District No. 6153

3  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Stoddard County  
(b) City or town Advance, Mo. Rural Pike  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks (Specify whether  
in this community 2 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Stoddard  
(c) City or town Advance 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 Peter Philip Hay  
3. (b) If veteran, name war None 3. (c) Social Security No. X

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 27  
year 1944 hour 7:00 minute \_\_\_\_\_ P.M.  
21. I hereby certify that I attended the deceased from 1942 to Feb. 27 1944  
that I last saw him alive on Feb. 26 1944  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Murtle Hay  
6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased March 24, 1871  
(Month) (Day) (Year)

Immediate cause of death Lobar pneumonia  
Due to Senility and a chronic myocarditis  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 72 Months 11 Days 3  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Bond Co. Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
100

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name Arlando Hay  
13. Birthplace Mex Co. Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Phiberry Sum  
15. Birthplace Bond Co. Illinois  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs. Harlow Smith  
(b) Address Advance, Missouri  
17. (a) Burial (b) Date thereof March 1 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pleasant Grove  
18. (a) Signature of funeral director Floyd S. Morgan  
(b) Address Advance, Missouri  
19. (a) 3/15/44 (b) M. P. Thayer  
(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 \_\_\_\_\_  
23. Signature E. C. Masters (M. D. or other) MD  
Address Advance, Mo Date signed 3/1/44

113  
2/44

1121 (Licensed Embalmer's Statement on Reverse Side)

NOV 12 1944

SEP 16 1944

MAR 22 1944

MAY 9 1944

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.....

*Lloyd S. Morgan*

Registered Apprentice No. ....

working under my personal supervision.

Signed *Lloyd S. Morgan*

Licensed Embalmer No. *3361*

P. O. Address *Advance 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.