DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1944
Registration District No. 6

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17768

Primary Registration District No. 5-2-66 4119

Registrar's No. 14

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

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Ozark
(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 years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED: 22
(a) State: Mo (b) County: Christian
(c) City or town: Ozark
(If outside city or town limits write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: James Tillman Hays.
3. (b) If veteran, name war: no
3. (c) Social Security No. none
4. Sex: M.
5. Color or race: W.
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: Feb. 29. (Month) (Day) 1870 (Year)

8. AGE: Years 74 | Months 2 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace: Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: retired school teacher
11. Industry or business: ____
12. Name of father: James Hays
13. Birthplace: Ark / (City, town, or county) (State or foreign country)
14. Maiden name of mother: Malinda Mooneyham
15. Birthplace: Ill. / (City, town, or county) (State or foreign country)
16. (a) Informant: G. P. Hays
(b) Address: Ozark - Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: May 7-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Frazier Chapel
18. (a) Signature of funeral director: J. W. Maples
(b) Address: Clever - Mo.
19. (a) 6-3-44 (Date received local registrar) (b) Mabel Mapes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1944 hour 0 minute ____ M.

21. I hereby certify that I attended the deceased from May 1st 1944, to May 6 1944, that I last saw him alive on May 5th 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Valvular Heart Disease — Duration
Due to: ____
Due to: ____
Other conditions: (Include pregnancy within 3 months of death) ____
Major findings: ____
Of operations: ____
Of autopsy: ____

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: J. H. Hale 0 (M. D. or other)
Address: Ozark Mo. Date signed 5-16-44

1361

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 644-695
Date Filed JUN 7 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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.