

**FILED AUG 9 1944**  
Registration District No. 380

Primary Registration District No. 6238

Registrar's No. 21

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

1. PLACE OF DEATH:  
(a) County Washington  
(b) City or town Rural, Belgrade  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3 mi. N.E. of Belgrade  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
life  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Washington  
(c) City or town Rural 110  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 mi. N.E. of Belgrade 0  
(If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Hays  
(b) If veteran, name war \_\_\_\_\_ no  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June 10 day 10  
year 1944 hour 12 minute 30 P.M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Alice Hays 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept. 28 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 26 1944 to June 10 1944  
that I last saw him alive on June 2 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
66 8 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_  
Cerebra Pectoris  
Due to \_\_\_\_\_

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

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

10. Usual occupation farmer

Major findings: 94 P  
Of operations \_\_\_\_\_

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

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

12. Name Hence Hays

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

14. Maiden name Ida Jane Holleway

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

16. (a) Informant Mrs. Alice Hays

(b) Address Belgrade Mo.

17. (a) burial (b) Date thereof 6-12-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belgrade Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) 7 119 44 (b) Collin White  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Joseph L. Thurman (M. D. or other)  
Address Palmer Mo. Date signed 6-21-44

RECEIVED

District Health Officer No. 84  
District File Number 844-4-202  
Date Filed 8-8-44

**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 Arnell White

Licensed Embalmer No. 3017

P. O. Address Clinton, 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.**