

FILED NOV 10 1944

Registration District No. 113

Primary Registration District No. 4155

Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town St. Clair
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Moselle mo 0
(If outside city or town limits, write "RURAL") 2
(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

Howard Edward Bay

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Ann Thompson 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased 4 (Month) 1st (Day) 1869 (Year)

8. AGE: Years 75 Months 7 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired business man

11. Industry or business _____

MOTHER FATHER
12. Name Pleasant Bay
13. Birthplace Robertsville mo (City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Thompson
15. Birthplace Franklin Co mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lloyd C Bay
(b) Address _____

17. (a) Burial (b) Date thereof 11-4-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Blue Cemetery Robertsville

18. (a) Signature of funeral director Casey Denoff
(b) Address St. Clair mo

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 2
year 1944 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Hit by a freight train just east of St. Clair, mo Depot. Duration 8

Due to Crushed Head and

Due to Crushed Body.

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations 16 30
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: 036

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence November 2, 1944

(c) Where did injury occur? St. Clair Franklin mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

In front of St. Clair, mo Depot (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Ernst P. Ottmann (M. D. or other) Coroner

Address Geard, Mo. Date signed 11-2-44

1120

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

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed _____

11-8-44

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 _____

Geo. L. Y. Wheeler

Licensed Embalmer No. 3008

P. O. Address *Pacific 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.

Registration District No. 113

Primary Registration District No. 4185

Registrar's No. _____

1. PLACE OF DEATH: Franklin
 (a) County Franklin
 (b) City or town St. Clair
 (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 _____
 years, months or days)

3. (a) PRINT FULL NAME Howard E Bay
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex M 5. Color or race w 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 75 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
 (Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 11/3/1944 (b) R.J. King Sr.
 (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Year 1944 Minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 19____
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

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