S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12865

FILED APR 17 1945

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 383

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two days In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 817 No. 5th St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jerry Allen Hays
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
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 December 18, 1940 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	4	3	18	hr. min.

9. Birthplace St. Joseph, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER 12. Name ~~Riley Dill~~
13. Birthplace Grayson, (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Nellie Hays
15. Birthplace Allen, (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Nellie Hays (Mother)
(b) Address 817 No. 5th St., City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/45 (Month) (Day) (Year)
(c) Place: burial or cremation Amity Cemetery.
18. (a) Signature of funeral director John E. Rupp
(b) Address 6054 Pryor Ave., City
19. (a) 4-8-45 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5, year 1945 hour 1:30 minute A. M.
21. I hereby certify that I attended the deceased from 4/3, 1945 to 4/5, 1945
that I last saw h— alive on 4/4, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Appendicitis Gangrene — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Gangrene appendix
Of autopsy no

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. T. Stamey (M. D. or other)
Address 2[illegible] St Joseph Ave. Date signed 4/7/45

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(Licensed Embalmer's Statement on Reverse Side)

APR 30 1945

MAY 4 1945

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 John E. Rupp

Licensed Embalmer No. 8986

P. O. Address St. Joseph, 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.