

FILED AUG 28 1945
59

State File No. _____

Registration District No. _____

Primary Registration District No. 4099

Registrar's No. 115

1. PLACE OF DEATH:
 (a) County Cass
 (b) City or town Pleasant Hill, Missouri
(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 30 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cass
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. 217 N. Borgman
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Francis Marion Hay.
 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, widowed
 6. (b) Name of husband or wife Nellie L. Hay 6. (c) Age of husband or wife if alive 18 years
 7. Birth date of deceased Aug. 18 1857
(Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 18
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name Robert Hay
 13. Birthplace ? Ill.
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Crawford
 15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Andy Black
 (b) Address Pleasant Hill, Missouri

17. (a) Burial (b) Date thereof 8-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Brownfield
 (b) Address Pleasant Hill, Missouri

19. (a) Aug 18, 1945 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
 year 1945 hour 8:5 minute 15 # A.M.
 21. I hereby certify that I attended the deceased from mar 15 1945, to Aug 3 1945
 that I last saw him alive on Aug 3 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
 Duration 10 da

Due to Arterial Hardening

Due to _____

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

Major findings:
 Of operations (3)
 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 0
 23. Signature E. A. Albers (M. D. or other) md
 Address Pleasant Hill mo Date signed 8-7-45

1041

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

19
2
0

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.....

By me 8-5-45....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Allen W. Brownfield*

Licensed Embalmer No. *3785*

P. O. Address..... *Pleasant Hill, 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.