V. S. No. 2
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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. 38016

FILED DEC 12 1945

Registration District No. 236 Primary Registration District No. ~~4352~~ 5818 Registrar's No. 45

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town rural ~~Versailles~~ MOREAU
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hup
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan

(c) City or town rural Versailles
(If outside city or town limits, write "RURAL")

(d) Street No. 1 MILE N.E. OF VERSAILLES
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Tilden Hays

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 married

6. (b) Name of husband or wife Maude Johnson

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Oct. (Month) 9 (Day) 1876 (Year)

8. AGE: Years 69 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Morgan County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Engineer-Road Maintenance

11. Industry or business

FATHER
12. Name Ben F. Hays
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Rosa Newkirk
15. Birthplace Moniteau County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Maude Hays
(b) Address Versailles, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 18 (Day) 45 (Year)
(c) Place: burial or cremation Versailles Cem.

18. (a) Signature of funeral director W. F. Kidwell
(b) Address Versailles, Missouri

19. (a) 11-16-1945 (Date received local registrar) (b) Roy Berkstresser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th
year 1945 hour 7 minute 45 p.M.

21. I hereby certify that I attended the deceased from Feb 10, 1941, to Nov 15, 1945;
that I last saw him alive on Nov 15, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	7 hrs
Angina Pectoris	7 or 8 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94
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. L. Washburn (M. D. or other) MD
Address Versailles, Mo Date signed 11/16/45

1027 (Licensed Embalmer's Statement on Reverse Side)

Officer No. 11-45-1216

12-11-45

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: Eric N. Bartram

Licensed Embalmer No. 40211

P. O. Address Versailles, 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.