

FILED APR 9 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Jefferson
 (b) City or town De Soto
 (c) Name of hospital or institution:
721 South Fourth St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 60 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
 (c) City or town De Soto, Missouri
 (If outside city or town limits, write "RURAL")
 (d) Street No. 721 South Fourth
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth B. Hayes

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife James A. Hayes 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased August 8 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>7mo</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Old Mines Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
 12. Name Eli Boyer
 13. Birthplace Old Mines Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Bourisau
 15. Birthplace Old Mines Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant James A. Hayes
(b) Address 721 South Fourth

17. (a) Burial (b) Date thereof Mar 25 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary De Soto, Mo.

18. (a) Signature of funeral director Daniel J. Mahan

(b) Address 306 South Main, De Soto, Mo.

19. (a) 4/15/46 (b) Marie Harvie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22
year 1946 hour 7:50 minute a M.

21. I hereby certify that I attended the deceased from 2-23 1945 to 3/22 1946
that I last saw him alive on 3/22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease
Due to Hypertension

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

Major findings:
Of operations _____
Of autopsy Gift

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

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

23. Signature Chas. G. Tallec (M. D. or _____)
Address 411 S. 4th St. Mo. Date signed 3/25/46

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

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21
21

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21
21

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196

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-8-66

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 Samuel J. Mohr Jr
Licensed Embalmer No. 4326
P. O. Address DeSoto, Missouri

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.