

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED SEP 14 1946
 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 89

Registration District No. 498
 Primary Registration District No. 5663

1. PLACE OF DEATH:
 (a) County Linn
 (b) City or town Bucklin *Rural*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3 Bucklin, Linn
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 77 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Linn 56
 (c) City or town Bucklin
 (If outside city or town limits, write "RURAL")
 (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 Will D. HAYES
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 15
 year 1946 hour 2 minute _____ P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Jessie F. Hayes 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased Feb. 19, 1869
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Called as Coroner, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>5</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Bucklin Mo
 (City, town, or county) (State or foreign country)

Immediate cause of death Coronary Thrombosis
according to information given by family.
Fell on A.T. & T. Railroad Road
Due to bed, 1 mile west of Depot.
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy none 940

10. Usual occupation Farming
 11. Industry or business _____
 12. Name Salomon Hayes
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Hester
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)
 16. (a) Informant Wm Williams
 (b) Address Bucklin, Mo
 17. (a) Burial (b) Date thereof Aug 17, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wyaneth Cem.
 18. (a) Signature of funeral director Lester Ernest Service
 (b) Address Bucklin, Mo.
 19. (a) Aug 16, 1946 (b) Walter D. Service
 (Date received local registrar) (Registrar's signature)

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 Coroner
 23. Signature Dale Bunch (If D. or other) _____
 Address Marion, Mo Date signed Aug 15-46

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

MOTHER FATHER

PHYSICIAN
 Underline the cause to which death should be charged statistically.

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

E. A. Larson
Licensed Embalmer No. *4037*

P. O. Address. *Bucklin, 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.