S. No. 2
0M—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29475

FILED SEP 23 1946

Registrar's District No. 11 — Primary Registration District No. 5045 — Registrar's No. 55

1. PLACE OF DEATH:

(a) County: Barry

(b) City or town: Rural Wheaton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(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: 9 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Purdy, Mo. R#
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Forrest Orville Hayes

3. (b) If veteran, name war: --

3. (c) Social Security No.: ____

4. Sex: Male

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Sarah J. Hayes

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

7. Birth date of deceased: April (Month) 12 (Day) 1875 (Year)

8. AGE: Years 71 | Months 4 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: Pennsylvania (City, town, or county) (State or foreign country)

10. Usual occupation: Last Occupation Conductor

11. Industry or business: on Mo. Pacific Railwroads

FATHER
12. Name: Joe Hayes
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ellen Hendrick
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Sarah Hayes
(b) Address: Wheaton, Mo.

17. (a) B Removal (Burial, cremation, or removal) (b) Date thereof: Sept. 12 46 (Month) (Day) (Year)
(c) Place: burial or cremation: Havana, Kansas

18. (a) Signature of funeral director: Wm Morris Coyne
(b) Address: Wheaton, Missouri

19. (a) Sept 11-1946 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 9 year 1946 hour 2 45 minute ____ M.

21. I hereby certify that I attended the deceased from 2 45 P.M. to 2 45 P.M., 19__, to Sept - 9, 1946 that I last saw him alive on Sept - 9 -, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Gun Shot Wound Self inflicted — Duration

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: ____

Of autopsy: ____

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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): Suicide

(b) Date of occurrence: Sept - 9 - 1946

(c) Where did injury occur? Barry Mo (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: O. S. McCall (M. D. or other) O

Address: Wheaton Mo Date signed 9-9-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 946-978
Date Filed SEP 23 1946

APR 2 1947

MAY 29 1956

JAN 21 1957

OCT 10 1

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 Wm Morris Pogue

Licensed Embalmer No. 3442

P. O. Address Wheaton, 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.