

FILED FEB 14 1947

State File No. _____

Registration District No. 337

Primary Registration District No. 6149

Registrar's No. 31

1. PLACE OF DEATH:
 (a) County Stoddard
 (b) City or town Dudley
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 1 mo. 15 days
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Stoddard 103
 (c) City or town Dudley
 (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 Allen Dale Hayes

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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Dec. 11th 1946
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 15 _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Carl E. Hayes

13. Birthplace Malden Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Maria D. Jefflet
 (City, town, or county) (State or foreign country)
 15. Birthplace Paris France France
 (City, town, or county) (State or foreign country)

16. (a) Informant Maria D. Hayes

(b) Address Dudley, Mo.

17. (c) Burial (b) Date thereof 1/26/47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Haggy Cemetery

18. (a) Signature of funeral director Watkins Funeral Home

(b) Address Dexter, Mo.

19. (a) 1-15-47 (b) Blayd Morgan
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th
 year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 11, 1946, to Dec 19, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Inpatient Foreman Duration
Ovale (Congenital heart defect) 1946

Due to _____

Due to _____

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

Major findings: _____
 Of operations _____

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?

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

23. Signature Blayd Morgan (M. D. or other)
 Address Poplar Bluff, Mo. Date signed 1/26/47

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

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RECEIVED

District Health Office No. 2,

District File Number 247-201

Date Filed 2-9-47

AUG 20 1962

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.....

Not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Lymann Steele*

Licensed Embalmer No. 2476

P. O. Address..... *Dexter 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.