

FILED MAR 25 1947
Registration District No. **209**

Primary Registration District No. **3043**

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME James D. Hays

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** Married

6. (b) Name of husband or wife Daisy **6. (c) Age of husband or wife if** _____
alive _____ years

7. Birth date of deceased August 17 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>6</u>	<u>11</u>	_____ hr. _____ min.

9. Birthplace New London, Mo. Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Dennis Hays

12. (a) Birthplace Ireland
(City, town, or county) (State or foreign country)

12. (b) Mother's name Mary McGuire

12. (c) Birthplace Ireland
(City, town, or county) (State or foreign country)

12. (d) Informant Harry Hays

13. (a) Address New London, Missouri

13. (b) Date thereof 3-7-47
(Burial, cremation, or removal) (City or town) (County) (State) (Year)

13. (c) Place: burial or cremation Barkley Cemetery

18. (a) Signature of funeral director James O. Daniel

18. (b) Address Hannibal, Mo.

19. (a) Date received local registrar Mar 14 1947 **19. (b) Registrar's signature** Dr. E. M. Luoke

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls **89**

(c) City or town New London **6**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) **1**

(e) Citizen of foreign country? _____ (Yes or No) **1**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1947 hour _____ minute 2:45 P.M.

21. I hereby certify that I attended the deceased from July 4-46
1947 to March 5 1947
that I last saw him alive on March 5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death cu of Regurgitated & metabolized

Due to _____

Due to _____

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

Major findings: 46E

Of operations _____

Of autopsy _____

Duration _____

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 St. Francis (M. D. or other) **9**

Address _____ Date signed _____

MOTHER FATHER
Mary McGuire
Dennis Hays

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..... *A. M. O'Donnell*

Licensed Embalmer No..... *3859*

P. O. Address..... *Summit, Me*

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

State of Missouri }
County of Marion } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 99

On this 13th day of May, 1947, before me appears.....
Mrs. R L Adkisson, who, upon her oath, states that the original record of ~~birth~~ death
for James D Hayes, died March 5th, 1947, in the State of
Missouri, and which was filed at Hannibal on 3-14- 1947, should be corrected as follows:

Item No. 9 should read New London, Missouri

Instead of Ireland

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. B. L. Adkisson Daughter
Mrs. R L Adkisson Relationship.

209 Center St. Hannibal, Mo.
Present Address.

Subscribed and sworn to before me this 13th day of May, 1947

My Commission expires June, 1948

W C Fisher
W C Fisher, City Clerk

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

9965