No. 2
-1/47
.-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 28 1947

Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3027-5592

State File No. 17885

Registrar's No. 35

1. PLACE OF DEATH:
(a) County Jefferson (b) City or town Crystal City, 1½ miles South Highway 61
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(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 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 50
(c) City or town De Soto 2
(If outside city or town limits, write "RURAL")
(d) Street No. 202 E. Plattin 2
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Thomas Lee 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 Divorced
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased August 3, 1905 (Month) (Day) (Year)

8. AGE: Years 41 Months 9 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace De Soto, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Trucking
11. Industry or business own
MOTHER FATHER
12. Name John Hayes 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Hester Hayestick
15. Birthplace De Soto, Mo. d (City, town, or county) (State or foreign country)
16. (a) Informant George Hayes
(b) Address De Soto, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 1947 (Month) (Day) (Year)
(c) Place: burial or cremation De Soto, Mo.
18. (a) Signature of funeral director Carter R. Belleville
(b) Address Crystal City, Mo.
19. (a) May 19 1947 (Date received local registrar) (b) Alma Belleville (Registrar's signature) 147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1947 hour 8:45 minute P. M.
21. I hereby certify that I attended the deceased from 3 ....., 19....., to ....., 19.....:
that I last saw h..... alive on ....., 19.....:
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Death — Duration
Due to Accidental.
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Major findings: Of operations No
Of autopsy .....

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 5/14/47 5
(c) Where did injury occur? Highway (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 Auto
23. Signature W. B. Edwards (M. D. or other) 0
Address Cedar Hill Date signed 5/14/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Coll with other M. vehicle 5/15/47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-27-47

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 Gentry R. Pollitt

Licensed Embalmer No. 3481

P. O. Address Crystal City, Y

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.