

Registration District No. 139

Primary Registration District No. 421

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Holt

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

(c) Name of hospital or institution:
Artie Bays residence on State Street
(If not in hospital or institution, write street number or location)

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

In this community 10 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Holt 44

(c) City or town Mound City
(If outside city or town limits, write "RURAL") 1

(d) Street No. _____
(If rural, give location) 0

(e) Citizen of foreign country? ✓ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME ERNEST PRESLEY BAYS

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 widowed

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

7. Birth date of deceased Feb 10 1898
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th
year 1947 hour 1:30 minute 50 a. m.

21. I hereby certify that I attended the deceased from June 12th 1947, to June 12th 1947, that I last saw him alive on June 13 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion Duration 6 days

Due to Stroke on June 8th 1947

Due to _____

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

8. AGE: Years 69 Months 4 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Liberal, Barton Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Joyce Bays

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

14. Maiden name Emma Martin

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Artie Bays

(b) Address Mound City, Mo.

17. (a) 21 (b) Date thereof June 15 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pratt Hill Cemetery

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

(b) Address Davis' Fun. Home

19. (a) June 12 1947 (b) J. Cherry
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy Q/A

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 0

23. Signature J. Cherry (M. D. or _____) 6-12-47
Address Mound City, Mo. Date signed _____

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

4
1
0

MOTHER FATHER

DISTRICT HEALTH OFFICE
Case No. 13

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.....

J. M. Davis

Licensed Embalmer No. *2394*

P. O. Address..... *Jackson, 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.