

FILED JUL 15 1947

Registration District No. **287**

Primary Registration District No. **5979**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **Polk (West Jersey Township)**
(b) City or town **Marionville, Tazewell**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 1/2 miles S. W. of Marionville
(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 Day**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene 39**
(c) City or town **Springfield 2**
(If outside city or town limits, write "RURAL")
(d) Street No. **425 East Dale St. 6**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **none 1**

3. (a) PRINTED FULL NAME **James Abraham Bays**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23**,
year **1947** hour **9:10** minute **P.** M.

21. I hereby certify that I **viewed** the deceased from _____, 19____, to _____, 19____;
that I last saw him **live** on **June 23**, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Heart Failure**

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 **6/23/47**
(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) (c) Means of injury **3**

23. Signature **William B. Carwin** (M.D. or other)
Address: **Palmer, Mo.** Date signed **6/24/47**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Dina A. Bays** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **Nov. 12, 1881**
(Month) (Day) (Year)

8. AGE: Years **65** Months **7** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace **Polk County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Laborer**

11. Industry or business **Manual Labor**

12. Name **William Benton Bays**

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

14. Maiden name **Elizabeth Jane Clark**

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

16. (a) Informant **Dina A. Bays**

(b) Address **425 Dale St. Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **June 25, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Hope Cemetery**

18. (a) Undertaker **Walter E. Carwin Funeral Home**

(b) Address **Pleasant Hope, Mo.**

19. (a) **July 5, 1947** (b) **Joe A. Jones**
(Date received local registrar) (Registrar's signature)

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

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RECEIVED
DISTRICT HEALTH OFFICER NO. 7
DISTRICT NO. 6-47-818
DATE FILED 7-14-47

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.....

Paul D. Butler....., Registered Apprentice No. 446.....
working under my personal supervision.

Signed Willard B. Erwin.....

Licensed Embalmer No. 3092.....

P. O. Address Bolivar, 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.