S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 29 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28407

Registration District No. 225 Primary Registration District No. 4335 Registrar's No. 10

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

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Tipton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community Most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town Tipton 2
(If outside city or town limits, write "RURAL")
(d) Street No. None 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native

3. (a) PRINT FULL NAME Minnie Hays
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife James Hays
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased January (Month) 10, (Day) 1873 (Year)

8. AGE: Years 74 Months 7 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Thomasville (City, town, or county), North Carolina (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Harris Loflin
13. Birthplace (City, town, or county) North Carolina (State or foreign country)
MOTHER
14. Maiden name Mary Bodenhamer
15. Birthplace (City, town, or county) North Carolina (State or foreign country)
16. (a) Informant Sarah Sewell
(b) Address Sweet Springs, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/47 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemetery
18. (a) Signature of funeral director James E. Richards
(b) Address Tipton, Mo.
19. (a) 8-18-1947 (Date received local registrar) (b) Mrs. Maude Hudson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-15 day 15
year 47 hour 7:00 P minute (?) M.

21. I hereby certify that I attended the deceased from 1-1-44, 19.. to 8-14-47, 19..; that I last saw her alive on 8-14-47, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrhage	—
Due to Arterial Hypertension	years.
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
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)
(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 H. C. Hume MD (M. D. or other)
Address Tipton Mo Date signed 8/18/47
Coroner - Moniteau C.

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 28 1947

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed Jennee E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton 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.