S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 19 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30359

Registration District No. 34 | Primary Registration District No. 5117 | Registrar's No. 14

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: R.F.D. #4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community about 89 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia, rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #4 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME BENJAMIN HAYS

3. (b) If veteran, name war .....

3. (c) Social Security No. —

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Birdie Hays

6. (c) Age of husband or wife if alive about 75 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years about 89 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Boone Co. (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business —

FATHER
12. Name Frank Hays
13. Birthplace unknown (City, town, or county) 7 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Birdie Hays
(b) Address Columbia Mo. R.F.D. #4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Log Providence

18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia Missouri

19. (a) 8-30-47 (Date received local registrar) (b) Mrs. Mildred Burnett (Registrar's signature) 27

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~8-29~~ day 26 year 1947 hour 7 PM minute ..... M.

21. I hereby certify that I attended the deceased from Aug-1, 1947 to Aug 26, 1947 that I last saw him alive on Aug 26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis | Duration

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 .....

(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. B. Kyer (M. D. or ~~other~~)

Address Ashland Mo Date signed 8-30-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 18 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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Stuart R. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.