

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

State File No.

FILED OCT 8 1947

Registrar's No. 114

Registration District No. 272

Primary Registration District No. 6952

1. PLACE OF DEATH:

(a) County Permit
(b) City or town Stark rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 yrs
In this community 8 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Permit 71
(c) City or town Stark rural
(If outside city or town limits, write "RURAL")
(d) Street No. Virginia St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William Henry Hay

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced single

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

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

8. AGE: Years alt 66 Months Days If less than one day hr. min.

9. Birthplace Crockett Co Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

12. Name John Hay

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

14. Maiden name Ellen Adams

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

16. (a) Informant Connie Lee Hay

(b) Address Stark Mo Rt 1

17. (a) Removal (b) Date thereof 7-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Finley Tenn

18. (a) Signature of funeral director J. O. Burman

(b) Address Stark Mo

19. (a) Oct 1-47 (b) W. H. Adams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1947 hour 6 minute 19 A. M.

21. I hereby certify that I attended the deceased from 7-23-47 to 7-24-47
19...; that I last saw him... alive on... 19...;

and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis due to cerebral damage
Duration

Due to H.P.

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?

While at work? (Specify type of place) Means of injury 0

23. Signature D. C. McLean (M. D. or other)

Address Haskell 220 Date signed 10-3-47

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

MOTHER FATHER

S. No. 2
M-5-42
5-17-39
X32873

10-47-284

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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 *John H. German*

Licensed Embalmer No. *4355*

P. O. Address *Hayti, M. B. 4*

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.