

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36995**  
Registrar's No. **57**

Registration District No. **15**

Primary Registration District No. **2004**

**1. PLACE OF DEATH:**  
(a) County Barton  
(b) City or town Lamar  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1504 Gulf  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Laclede  
(c) City or town Phillipsburg,  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT WILLIE ANNA HAYS**  
**FULL NAME**  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed  
(b) Name of husband or wife A. L. Hays (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 30 1870  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month November day 20  
year 1947 hour 8 minute 30 A. M.  
21. I hereby certify that I attended the deceased from 15-11-47  
20-11-19 to 20-11-47

8. AGE: Years 76 Months 10 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace St. Joseph, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Hotel owner  
11. Industry or business Phillipsburg, Missouri  
12. Name Jasper Stanton  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Koger  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs. Blanche Shank  
(b) Address Phillipsburg, Missouri  
17. (a) Burial (b) Date thereof Nov. 24, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Phillipsburg Cemetery  
18. (a) Signature of funeral director KONANTZ FUNERAL HOME  
(b) Address Lamar, Missouri  
19. (a) NOV 21 1947 (b) Marie Konantz  
(Data received local registrar) (Registrar's signature)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Aproplectic stroke  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) (c) Means of injury \_\_\_\_\_  
23. Signature D. Guldner (M. D. or other) \_\_\_\_\_  
Address Lamar Date signed 20-11-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 1247-1266

Date Filed DEC 3 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.....

*Frank W. Denton*

Registered Apprentice No. 7

working under my personal supervision.

Signed.....

*Carl H. Konantz*

Licensed Embalmer No. 2247

P. O. Address. Lamar, Missouri

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.