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FILED DEC 29 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1791

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
522 S. 12th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution not  
(Specify whether  
In this community 42 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2816 S. 24th Street  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Richard D. Hayes

3. (b) If veteran, name war

World War #1.

3. (c) Social Security No.

500-07-3535

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, Divorced  
6. (b) Name of husband or wife Bessie Limburg  
6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased June 16 1892  
(Month) (Day) (Year)

8. AGE: Years 55 Months 6 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Salisbury Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Boiler Filler

11. Industry or business Santa Fe Railroad

12. Name James T. Hayes

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

14. Maiden name Sallie Montgomery

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

16. (a) Informant Mrs. Grace J. Schneibel

(b) Address 3514 Monterey St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Dec. 20, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Meierhoff  
(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 12-22-47 (b) E. L. Jenkins  
(Date received local registrar) (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th  
year 1947 viewed hour 11 minute 10 P. M.

21. I hereby certify that I ~~viewed~~ the deceased from Dec 17th 19 47 to \_\_\_\_\_ 19 \_\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(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? \_\_\_\_\_ (Specify type of place)

23. Signature B. W. Taellack Coroner 3  
King Hill Bldg (M. D. or \_\_\_\_\_)  
Address St. Joseph, Mo. Date signed 12/19/47

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

MOTHER FATHER

JAN 9 1948

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 *Albert E. Farrington*  
Licensed Embalmer No. 3258 Missouri  
P. O. Address St. Joseph, 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.