

FILED JAN 27 1948

Registration District No. 236

Primary Registration District No. 4351

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Barnett, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community Lifetime years, months or days)

3. (a) PRINT FULL NAME Joseph Levi Hayes

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Carver Hayes 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 15 1875
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>72</u> | <u>6</u> | <u>2</u> | _____ hr. _____ min. |

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Monroe Hayes

13. Birthplace No Record Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Hudson

15. Birthplace No Record No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Hayes

(b) Address Barnett, Mo.

17. (a) Burial (b) Date thereof Jan. 19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles Cemetery

18. (a) Signature of funeral director J. L. Washburn

(b) Address Versailles, Mo.

19. (a) 1-19-48 (b) J. L. Washburn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(e) State Missouri (b) County Morgan
(c) City or town Barnett Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17th
year 1948 hour 8 minute 00 a.m.

21. I hereby certify that I attended the deceased from Jan 12 1948 to Jan 17 1948
that I last saw him alive on Jan 10 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 5 min
Arterial Sclerosis
+ Hypertension unknown

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations g. v. a.
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) (e) Means of injury 0

23. Signature A. J. Brown (M. D. or other)

Address Versailles Mo Date signed 1-18-48

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

MOTHER FATHER

RECEIVED

Decker & Co. Embaler No. 7,

District No. 12-42-3168

Date Filed 1-26-48

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.....

Gene H. Hartman

Licensed Embalmer No. 4021

P. O. Address VERSAILLES, 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.