No. 2
—1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7814

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 94

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 204 West Cherry St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 yrs. 8 mo 21 da.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 204 W. Cherry
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME HARRY HAYES
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 1
6. (b) Name of ~~husband or~~ wife Frances Hayes
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 7-4-1907 (Month) (Day) (Year)

8. AGE: Years 40 Months 8 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace Boone Co. Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business —
FATHER
12. Name Unknown 9
13. Birthplace — 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace — 9 (City, town, or county) (State or foreign country)
16. (a) Informant Frances Hayes
(b) Address Columbia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia Mo.
19. (a) 3-30-48 (Date received local registrar) (b) Mrs. R.E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1948 hour 6 minute 309 M.
21. I hereby certify that I attended the deceased from Feb 1-47 ....., 1947 to March 20, 1948, that I last saw him alive on March 20, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	3 yrs
Due to ✓	
Due to ✓	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 B

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? ..... (e) Means of injury .....
23. Signature A.W. Kaufschmidt (M. D. ~~or other~~)
Address Columbia Mo Date signed 3-30-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 12 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. Stuart T. 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.