S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 24 1948
Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 15459

Registrar's No. 552

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: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan 999

(c) City or town Elwood 14
(If outside city or town limits, write "RURAL")

(d) Street No. ~~Local~~ Elwood 0
(If rural, give location) 2

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Otis Raymond Hayes

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 19 (Day) 1948 (Year)

8. AGE: Years 0 Months 1 Days 26 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business Infant

FATHER
12. Name Otis Raymond Hayes
13. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Beatrice Gorman
15. Birthplace Elwood (City, town, or county) Kansas 1 (State or foreign country)

16. (a) Informant Mr. Otis R. Hayes
(b) Address Elwood, Kansas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-17-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Wathena, Kansas

18. (a) Signature of funeral director Wm H. Alexander
(b) Address St. Joseph, Missouri

19. (a) 5-17-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 297

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1948 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from 5-14 1948, to 5-15 1948; that I last saw him alive on 5-14 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	2 days
Due to: Congenital Heart Disease	Life
Due to	
Other conditions: Bi Lat Inguinal hernia (Include pregnancy within 3 months of death) Hydrocele undescended	
Major findings: Of operations: testicles	
Of autopsy	

PHYSICIAN

Underline the cause of which death should be charged statistically.

157 E

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 M E Guinness (M. D. or ~~other~~) 0

Address St Joseph Mo Date signed 5/17/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Wm. H. Alexander.....

Licensed Embalmer No. 4450

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.