No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUN 2 1948

State File No. 17327

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 158

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Flat River, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Flat River 94
(If outside city or town limits, write "RURAL")
(d) Street No. 500 Lewis St. 5
(If rural, give location) 2
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME CLARENCE E. BAY
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lille M Bay
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Janurary (Month) 21 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	4	0	hr. min.

9. Birthplace Reynolds County, Mo 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name William Bay
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Martin
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie Bay
(b) Address Flat River, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Francois Memo.
18. (a) Signature of funeral director Sparks
(b) Address Flat River, Mo
19. (a) 5-24-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 st.
year 1948 hour 9:50 minute A M.
21. I hereby certify that I attended the deceased from Sept 1947, 19, to May 21, 1948
that I last saw him alive on May 20, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinomu left kidney c̄ metastasis to bone, lung and intestines	1-2 yrs
Due to	
Due to	
Other conditions (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? (e) Means of injury 0
23. Signature J. L. Foster (M. D. ~~or other~~) MD
Address Desloge MO Date signed 5-22-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

EIVED

District Health Officer No. 4

District File Number 648-69

Date Filed 6-1-48

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 Murphy L Sparks

Licensed Embalmer No. 4236

P. O. Address Platriver Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.