No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36043

Registration District No. 99 Primary Registration District No. 4170 Registrar's No. 66

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town Union Star
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 72 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County DeKalb 32
(c) City or town Union Star Mo. 5
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cadamus Byron Hayes
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male 0
5. Color or race Cau.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Florence E.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 21 (Day) 1855 (Year)

8. AGE:	Years	Months	Days	If less than one day
	93	10	23	hr. min.

9. Birthplace Meigs Co. (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Same
FATHER
12. Name William C. Hayes
13. Birthplace (City, town, or county) Md. (State or foreign country)
MOTHER
14. Maiden name Aurelia Harvey
15. Birthplace Bethany (City, town, or county) W.Va. (State or foreign country)
16. (a) Informant Nell Sweet
(b) Address Union Star Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11.27.1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove
18. (a) Signature of funeral director R. G. Taggart
(b) Address King City Mo
19. (a) 12-3-48 (Date received local registrar) (b) Roscoe Davidson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1948 hour 11;50 minute P. M.
21. I hereby certify that I attended the deceased from Nov 14, 1948 to Nov 24, 1948;
that I last saw him alive on Nov 24, 1948;
and that death occurred on the date and hour stated above.
Immediate cause of death Influenza & Age
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
33B

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature E M Reynolds (M. D. or other)
Address Union Star Mo Date signed 11-28-48

(Licensed Embalmer's Statement on Reverse Side)

OCT 5 1951

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 B. G. Taggart

Licensed Embalmer No. 2563

P. O. Address King City 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.