

S. No. 300  
OM-10-47  
Rev. 5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED JAN 13 1949

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40981  
State File No. \_\_\_\_\_  
Registrar's No. 2

Registration District No. 277

Primary Registration District No. 5911

1. PLACE OF DEATH:

(a) County Pemisscot  
(b) City or town Saccola 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 2 years years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemisscot  
(c) City or town Wardell  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Julius Hayes  
3. (b) If veteran. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
name war \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 12 day 7  
year 1948 hour 9 minute A. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Unknown  
(Month) (Day) (Year)

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
about 78 - - - hr. min.

Immediate cause of death Unknown as this person died without medical attention. Duration \_\_\_\_\_

9. Birthplace Crockett County Tennessee  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farm laborer

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Charlie Hayes  
13. Birthplace Crockett Co Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Edwards  
15. Birthplace Crockett Co Tennessee  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy 200

16. (a) Informant Levt Hayes  
(b) Address Hickman Bend Arkansas  
17. (a) Burial (b) Date thereof 12/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hayti, Mo  
18. (a) Signature of funeral director Widballa Fur Hom  
(b) Address Hayti, Mo  
19. (a) 1-6-48 (b) Mrs. Julie Teenage  
(Date received local registrar) (Registrar's signature) 2018

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 CS  
23. Signature Jack Kelley Coroner (M. D. or other)  
Address Hayti, Mo Date signed 12-8-48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1-49-32

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**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.

*W. J. Embalmed*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**