

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 17 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33345

State File No.

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 191

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

1. PLACE OF DEATH:

(a) County HENRY

(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: WEITZEL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution WK.
(Specify whether years, months or days)

In this community 7 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42

(c) City or town Montrose Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Waver Sup.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM FREDERICK HAYS

3. (b) If veteran, name war WORLD WAR 2

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9
year 1946 hour 1:30 minute P. M.

4. Sex M | 5. Color or race W. | 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARION WILSON HAYS | 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased FEB. 4 1920
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-3 1946 to 10-9 1946
that I last saw HIM alive on 10-9 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 26 Months 8 Days 5 | If less than one day
hr. min.

Immediate cause of death Edema of lungs.

Due to acute nephritis

9. Birthplace Montrose Mo
(City, town, or county) (State or foreign country)

Due to of passive while in Army Service

10. Usual occupation FRAMER

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

MOTHER, FATHER { 12. Name Wm L. HAYS

13. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Batschelt

15. Birthplace Henry Co Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations 130

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Wm G. Hays

(b) Address Montrose Mo 1941

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

17. (a) Burial (b) Date thereof 10-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

(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 2

18. (a) Signature of funeral director J. T. Sausant

(b) Address Clinton Mo

19. (a) 10-11-46 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

23. Signature Geo S. West M. D. or other 1946

Address Clinton Mo Date signed 10-11-46

120

DEC 30 1945

OCT 22 1945

RECEIVED
District Health Officer No. 7,
District File Number 9-46-10571
Date Filed 10-16-45

OCT 29 1945

DEC 30 1945

MARION WASSON WALKER

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 W. H. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.