

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31754

Registration District No. 182

Primary Registration District No. 4298

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Linneus
(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 years, months or days)

3. (a) PRINT FULL NAME Thomas E. Hayes

3. (b) If veteran, name was XXXXXXXX 3. (c) Social Security No.

4. Sex Male ☒ 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Viola 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased August 23 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 0 9 hr. min.

9. Birthplace Linn County Missouri ☒
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name John T. Hayes
13. Birthplace XXXXXX Indiana ☒
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Cassidy
15. Birthplace XXXX Kentucky ☒
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry L. Linn
(b) Address Linneus, Missouri

17. (a) Burial (b) Date thereof 9/4/1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director Thorne Undt. Co.
(b) Address Linneus, Mo. (City, town, or county)

19. (a) Sept 10 1947 (b) Mrs. Budie Kellum
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58
(c) City or town Linneus ☒
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't day 2nd
year 1947 hour 5:45 minute p. M.

21. I hereby certify that I attended the deceased from June 1946 to Sept 2 1947
that I last saw him alive on Sept 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Gneritis acuta 6 days
chronic prostatitis 11 yrs.
semility
Due to
Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature W.B. Simpson (M. D. or other) DO
Address Brookfield, Mo. Date signed 9/4

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.....

David A. Taylor

Licensed Embalmer No. *3761*

P. O. Address *Linn, Mo.*

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

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