S. No. 2
—11-10-39
. 5-17-39
I X21492

Dr. Feller

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38703

Registration District No. 318 FILED DEC 10 1940

Primary Registration District No. 2001

Registrar's No. 910

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: 1118 N. Jefferson (If not in hospital or institution, write street number or location)

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

In this community 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1118 N. Jefferson (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Patrick C. Hays

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Lewis Hays

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased Sept. (Month) 23 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
73	1	17	hr. min.

9. Birthplace Miller, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired Street Car Motorman

11. Industry or business Traction Company

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

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

16. (a) Informant Mrs. Madge Cantrell

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Miller, Missouri

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 11-12-40 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10 year 1940 hour 10 minute 15 a. M.

21. I hereby certify that I attended the deceased from Nov. 9th, 1940 to Nov. 10th, 1940 that I last saw him alive on Nov. 9 — 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerosis	2 yrs
Nephritis chronic	4 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Senility	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. E. Feller (M. D. ~~coroner~~)

Address Springfield Mo Date signed 11-10-40

(Licensed Embalmer's Statement on Reverse Side)

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 L. Dealin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, Mo.

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, above space should be left blank.