

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

1. PLACE OF DEATH:

(a) County DeKalb
 (b) City or town Union Star, Mo.
(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 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb
 (c) City or town Union Star, Mo.
(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 YERA FAY HAYES

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 15 1910
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>31</u>	<u>4</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation School Teacher

11. Industry or business _____

MOTHER FATHER

12. Name Craft H. Hayes
 13. Birthplace Pomeroy Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Price
 15. Birthplace Dubuque Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Earl W. Hayes
 (b) Address Union Star Mo.

17. (a) _____ (b) Date thereof April 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Union Star Mo.

18. (a) Signature of funeral director Lucile M. Wilson
 (b) Address King City, Mo.

19. (a) 3-10-42 (b) R. M. Wingle
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
 year 1942 hour 10 minute 55 A.M.

21. I hereby certify that I attended the deceased from Mar 1942 to Apr 7 1942
 that I last saw her alive on Apr 7 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Lymphoblastoma Duration 34m
Right Cervical & Anterior Chest

Due to _____

Due to _____

Other conditions 552
(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 5

23. Signature E. M. Reynolds (M. D. or other) _____
 Address Union Star Mo. Date signed 3-7-42

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.....

Luile M. Wilson

Licensed Embalmer No.

2830

P. O. Address.....

King City, 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, fact should be so stated above.