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8-43
17-39
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FILED JUN 13 1946
Registration District No. 2

Primary Registration District No. 4009

State File No. _____

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution:
Dr. Nichols Sanatorium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 13 days
years, months or days)

3. (a) PRINT FULL NAME Addie Jane Hay

3. (b) If veteran, name war _____

3. (c) Social Security No. 20

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Henry Hay

6. (c) Age of husband or wife if alive don't know years

7. Birth date of deceased June 25 23 1885
(Month) (Day) (Year)

8. AGE: 70 years 11 months 3 days
If less than one day hr. min.

9. Birthplace Owls Cape Gerardon CO
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

12. Name James McLaughlin

13. Birthplace don't know
(City, town, or county) (State or foreign country)

14. Maiden name Jane Watkins

15. Birthplace don't know
(City, town, or county) (State or foreign country)

16. Informant Earl Caraker

(b) Address St Louis mo 522 W Davis

17. (a) Removals _____ (b) Date thereof May 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Emboden Arkansas

18. (a) Signature of funeral director E. E. Breiter

(b) Address Savannah mo

19. (a) 2-28-46 (b) William Spark
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bollinger

(c) City or town Milledale
(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 May day 26
year 1946 hour 7 minute 2 P.M.

21. I hereby certify that I attended the deceased from May 12 1946 to May 26 1946
that I last saw her alive on May 26 1946
and that death occurred on the date and hour stated above

Immediate cause of death Pneumonia lobar Duration _____

2. Cancer of left breast + enlarged gland in left axilla

Due to breast and enlarged gland removed

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none 50

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? at home (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 fall

23. Signature J. B. Ottum (M. D. or other)
Address Springfield, Mo. Date signed 5/26/46

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

COOPER BROTHERS

JUL 11 1946

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..... *E. C. Breit*

Licensed Embalmer No..... *2650*

P. O. Address..... *Savannah, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Andrew } SS.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2

On this 22nd day of June, 1946; before me appears Robert G. Caraker, who, upon he oath, states that the original record of birth death for Addie Jane Ray ^{died} born May 26 -, 1946 in the State of Missouri, and which was filed at Savannah on 5-28, 1946 should be corrected as follows:

Item No. 7 should read June - 23 - 1875

Instead of June - 23 - 1865

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Robert G. Caraker son
Relationship.

Milledgeville, Mo R.I.
Present Address.

Subscribed and sworn to before me this 22 day of June, 1946

My Commission expires 1-8-44 Lillian Spork Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

JUL 11 1946

Registration District No. 2

Primary Registration District No. 4009

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Savannah
(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

Adel J. Hay

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 W

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

7. Birth date of deceased June (Month) 2 (Day) _____ (Year)

8. AGE: Years 70 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 1946 year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 _____ (M. D. or other)

Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

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

MOTHER FATHER

