

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 125

Primary Registration District No. 7009

Registrar's No. 15-4

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Francis Hospital 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one day  
(Specify whether years, months or days) \_\_\_\_\_

3. (a) PRINT FULL NAME BERNARD W. HAYS

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

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

6. (b) Name of husband or wife Eula Tent Hays 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 14 1867  
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cape Girardeau County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Doctor of Medicine

11. Industry or business \_\_\_\_\_

12. Name Perry Hays

13. Birthplace Cape Girardeau Co. - Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name May Snyder

15. Birthplace Cape Girardeau - Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. C. Hays

(b) Address Jackson Mo. F. 21

17. (a) Funeral (b) Date thereof 4/20/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery - Jackson

18. (a) Signature of funeral director McComb Funeral

(b) Address Jackson Mo.

19. (a) 4-18-40 (b) Jim W. Langston  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Jackson  
(If outside city or town limits, write "RURAL")  
(d) Street No. North High St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18<sup>th</sup>  
year 1940 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4-13, 1940, to 4-18, 1940  
that I last saw him alive on 4-18, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis  
(Fulminating)  
Due to \_\_\_\_\_  
Due to Following chronic myocarditis long standing  
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 Alberon Estes (M. D. or other) \_\_\_\_\_  
Address Jackson Mo. Date signed 4-18-40

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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..... *B. J. Meyer* .....

Licensed Embalmer No. *3051* .....

P. O. Address *Jackson, 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.**