

NOV 22 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35752
Do not use this space.

1. PLACE OF DEATH
 (a) County Cass Registration District No. 156
 (b) Township _____ Primary Registration District No. 4090
 (c) City Harrisonville (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth yrs. mos. da.

2. PRINT FULL NAME 207 Augusta Hayes
 (a) Residence, No. Harrisonville Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Matthews Hayes
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15-1892
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 4 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24 1939
 22. I HEREBY CERTIFY, That I attended deceased from Sept 31 to Oct 29, 1939
 I last saw her alive on Oct 28, 1939. Death is said to have occurred on the date stated above, at 12/30 A.M.
 The principal cause of death and related causes of importance were as follows:

Deatitis Mellitus 6 yrs
 Date of onset
 Other contributory causes of importance: 54
None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co Mo
 FATHER 13. NAME Chas Braun
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Mary Ann Warden
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co Mo
 17. INFORMANT (ADDRESS) Geo M. Hayes Harrisonville Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cremat Cem DATE Oct 30 39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Atkinson Bros Harrisonville Mo
 20. FILED 1-13 1939 Boonville Mo Local Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____ (Signed) John G. Griffith M. D.
845 (Address) Barber City Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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, ~~my~~ me
....., Registered Apprentice No.
working under my personal supervision.

Signed Alfred Williamson

Licensed Embalmer No. 3920

P. O. Address Harrisonville 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.