

Registration District No. **60**

Primary Registration District No. **5095**

Registrar's No. **12**

1. PLACE OF DEATH:
(a) County **Benton**
(b) City or town **Lincoln**
(c) Name of hospital or institution **Rural**
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Tennessee Hayes**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **Female** 5. Color **Wh.** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Matthew** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October 23 1850**
(Month) (Day) (Year)

8. AGE: Years **89** Months **5** Days **23** If less than one day hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Burns**

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

14. Maiden name **Justina Davis**

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

16. (a) Informant's own signature **Jimm Hayes**

(b) Address **R.R. 1, Lincoln**

17. (a) **Burial** (b) Date there **April 21 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **My Cemetery**

18. (a) Signature of funeral director **Spate**

(b) Address **Clinton Mo**

19. (a) **5-20-7** (b) **40 Doug K. Rhodes**
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Benton**
(c) City or town **Lincoln**
(If outside city or town limits, write "RURAL")
(d) Street No. **4 mi. east of Railroad - 2 mi. south**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **16**
year **1940** hour **8** minute **9** M.
21. I hereby certify that I attended the deceased from **April 10**
19**40** to **April 16** 19**40**
that I last saw her alive on **April 16** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia,**
Duraton 3 days

Due to _____
Due to **116**

Other conditions **Influenza**
(Include pregnancy within 3 months of death) **3**

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?
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While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature **Jimm Hayes** (M. D. or other) **1**

Address **Clinton Mo** Date signed **4/17/40**

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.

RECEIVED Officer No. 7,
District Health Officer No. 40-982
District File Number 6-19-42
Date Filed

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. ~~3641~~
working under my personal supervision.

Signed Loren N. Anderson

Licensed Embalmer No. 3641

P. O. Address Clinton, 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.