

REGISTRATION DISTRICT No. **29**

Primary Registration District No. **1749**

Registrar's No. **25**

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Washburn, Missouri R.F.D.**
(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 **all of life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Barry** (b) County **Missouri**
(c) City or town **Washburn, Missouri R.F.D.**
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **Eva Belle Hayworth**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **-----**
6. (b) Name of husband or wife **-----** 6. (c) Age of husband or wife if alive **-----** years
7. Birth date of deceased **Jan 7 1939**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 7 27 --- hr. --- min.

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

10. Usual occupation **None** /

11. Industry or business **None**

MOTHER FATHER
{ 12. Name **Van Hayworth** /
{ 18. Birthplace **Beloit Kansas**
(City, town, or county) (State or foreign country)
{ 14. Maiden name **Nellie Giles**
{ 15. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Van Hayworth**
(b) Address **Washburn, Missouri**

17. (a) **Burial** (b) Date thereof **Sept. 5. 40.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washburn Prairie**

18. (a) Signature of funeral director **Horine & Culver**
(b) Address **Cassville, Missouri**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **4th**
year **1940** hour **9** minute **10 A.** M.

21. I hereby certify that I attended the deceased from **Sept. 3**
1940 to **Sept. 7** **1940**
that I last saw her alive on **Sept 3** **1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**
Due to **arteriosclerosis** 114/10

Other conditions: **Imp. of bile**
(Include pregnancy within 6 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
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? **30**

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

23. Signature **W. E. ...** (M. D. or other) _____
Address **Bellevue** Date signed **10/2**

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

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.....

W Gordon Bennett

Registered Apprentice No. *250*

working under my personal supervision.

Signed

W Gordon Bennett

Licensed Embalmer No. *1414*

P. O. Address *Carrville 7*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.