

STANDARD CERTIFICATE OF DEATH

Registration District No. Q 22

Primary Registration District No. 4373

1. PLACE OF DEATH

(a) County Nodaway  
(b) City or town Barthand (Rural)  
(c) Name of hospital or institution: 6 mi. n. west.  
(d) Length of stay: In hospital or institution 65 yrs.  
In this community 65 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway  
(c) City or town Barthand (Rural)  
(d) Street No. 6 mi. n. w.  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME SAMUEL HAYWORTH.

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

4. Sex M 5. Color or race W. 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Margaret Ann Hayworth 6. (c) Age of husband or wife if alive 94 years  
7. Birth date of deceased Aug 5, 1846

8. AGE: Years 94 Months 7 Days 30 If less than one day hr. min.

9. Birthplace Van Buren Co. Iowa.

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Eliza Hayworth  
13. Birthplace South Carolina  
14. Maiden name Sodena Smith  
15. Birthplace South Carolina

16. (a) Informant Alfred Hayworth

(b) Address Maryville Mo.

17. (a) Burial (b) Date thereof May 7, 1941

(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director John W. Prickett

(b) Address Maryville Mo.

19. (a) May 7 1941 (b) Prickett

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1941 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from March 23 1941 to May 4 1941 that I last saw him alive on May 4 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration  
Due to Advanced age.

Other conditions 92H

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 553

(Specify type of place) \_\_\_\_\_ While at work? \_\_\_\_\_ (Specify means of injury) \_\_\_\_\_

23. Signature E. M. Furdley (M. D. or other) MD  
Address Maryville Mo. Date signed 5/7/41

WRITE PLAINLY—USE UNFADING BLACKINK—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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*John W. Price*

Licensed Embalmer No. *3229*

P. O. Address *Maryville 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.**