. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

200

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17521

FILED JUN 25 1942

Registration District No. 89 Primary Registration District No. 5134A Registrar's No. 156

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Fisk - Ash Hill twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DEACESED: 12

(a) State: Missouri (b) County: Butler 0

(c) City or town: Fisk 0
(If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Alice Ruah Hayes

3. (b) If veteran, name war .....

3. (c) Social Security No. none

4. Sex: female 1

5. Color or race: white

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: Colombus C. Hayes

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: Oct. 25, 1866 (Month) (Day) (Year)

8. AGE: Years 75 | Months 6 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace: Hamilton Co (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation: housewife

11. Industry or business .....

MOTHER FATHER

12. Name: Daniel Hutchinson

13. Birthplace: Illinois (City, town, or county) (State or foreign country) 1

14. Maiden name: Elizabeth Clark

15. Birthplace: Illinois 1 (City, town, or county) (State or foreign country)

16. (a) Informant: Lena Hayes

(b) Address: Fisk, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5-17-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Vale Cemetary

18. (a) Signature of funeral director: Marshall Shaw

(b) Address: Fisk, Mo.

19. (a) 5-15-42 (Date received local registrar) (b) Belle Kirve (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 14 year: 1942 hour: 3 minute: 40 P.M.

21. I hereby certify that I attended the deceased from May 12, 1942 to May 12, 1942 that I last saw her alive on May 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Left Ventricular Failure — Duration

Due to: Arteriosclerosis

Due to .....

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature: Gordon L. Hemphill (M. D. or other) DO

Address: Fisk Missouri Date signed .....

42 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 642-763
Date Filed JUN 18 1942

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff 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, fact should be so stated above.