

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County Howard
 (b) City or town Armstrong (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (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 New life years, months or days)

3. (a) PRINT FULL NAME Margaret Smith Hayes3. (b) If veteran, name war X 3. (c) Social Security No. A

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced yes
 6. (b) Name of husband or wife Robert Finley Hayes 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased October 30 1868
 (Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 23 If less than one day hr. min.9. Birthplace Howard Co. Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

- MOTHER FATHER
 12. Name Sam Smith
 13. Birthplace Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Fannie Dadd
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Robert F Hayes
 (b) Address Armstrong, Mo.
 17. (a) Burial (b) Date thereof Aug. 25, 1943
 (Burial, cremation, or other) (Month) (Day) (Year)
 (c) Place: burial or cremation Reyno Ken, Mo.
 18. (a) Signature of funeral director R. H. Oldaker
 (b) Address Camden, Mo.
 19. (a) 8/26/43 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Howard
 (c) City or town Armstrong (Rural)
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1943 hour 4:45 minute 7 M.21. I hereby certify that I attended the deceased from August 7, 1943, to August 23, 1943
that I last saw her alive on August 23, 1943
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage Duration 16 days
Due to Antero-SeptalDue to _____
Other conditions Dementia 15 yrs
(Include pregnancy within 8 months of death)Major findings: 61
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?

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature [Signature] (M. D. optional)
Address Armstrong, Mo. Date signed 8/25/43

RECEIVED

Office No. 5

9-9-43

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 G. H. Oldaker

Licensed Embalmer No. 1667

P. O. Address Amstrong 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.