

FILED FEB 9 1944  
Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
416 W. North St. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No  
(Specify whether in this community years, months or days) 74 Yrs. 8mo 5days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg  
(If outside city or town limits, write "RURAL") 9

(d) Street No. 416 W. North St.  
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nettie Hayes

3. (b) If veteran, name war no

3. (c) Social Security No. 492-14-2068

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23  
year 1944 hour 7 minute 12 M.

4. Sex Female / race White

5. Color or race White

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

6. (b) Name of husband or wife Grant Hayes

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

7. Birth date of deceased: May 18 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 12  
1944, to Jan. 23, 1944; that I last saw her alive on Jan 23, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 8 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Arteriosclerosis and Ch. Myocarditis  
Duration 1 week

Due to Arteriosclerosis year

Due to sanctity

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

10. Usual occupation House Work

Other conditions C  
(Include pregnancy within 3 months of death)

Major findings: C  
Of operations \_\_\_\_\_

Of autopsy C

MOTHER FATHER {

11. Industry or business \_\_\_\_\_

12. Name James Rowlet

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

14. Maiden name Margaret Shepard

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Robert Hayes

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof 1-25-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

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? \_\_\_\_\_

18. (a) Signature of funeral director Sweeney-Phillips

(b) Address Warrensburg, Missouri

19. (a) Jan 25 1944 (b) Seals M Williams  
(Date received local registrar) (Registrar's signature)

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

(c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M. D.

Address Warrensburg, Missouri Date signed 1-25-44

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Carl Priest

Licensed Embalmer No. 5878

P. O. Address Warrensburg

**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.**