

FILED APR 7 1944

Primary Registration District No. 4158

Registrar's No. 97

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

1. PLACE OF DEATH:

(a) County Dallas

(b) City or town Buffalo
(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
In this community all her life years, months or days)

3. (a) PRINT FULL NAME SARAH ANN HAYS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female / race white 5. Color or race white

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

6. (b) Name of husband or wife Perry Hays 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 12 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Dallas Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name unknown

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

14. Maiden name _____

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

16. (a) Informant John Smith

(b) Address Jefferson Ave Mo

17. (a) Burial (b) Date thereof Mar 15 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director R B Jones

(b) Address Buffalo Mo

19. (a) 3-16-1944 (b) R B Jones
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1944 hour _____ minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 1 1944 to March 13 1944 and that I last saw him/her alive on March 12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage Duration 1 WK

Due to Arterio Sclerosis & Hypertension 15 yrs

Other conditions: Chronic nephritis 15 yrs

Major findings: 318

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 E. D. Hummer (M. D. or other) MD
Address Buffalo Mo Date signed 3-16-44

RECEIVED

District Health

Office No. Nur

Date Filed

July 2, 1944
3-44-339
4-6-44

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 Morris B. Jones

Licensed Embalmer No. 4222

P. O. Address Buffalo, 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.