

FILED SEP 9 1944

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home - 148 N. E. St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 30 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 148 North E. St.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Josie Wright Hayes

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 - day 15 year 1944 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from 8-15 1944 to 8-15 1944 that I last saw her alive on 8-15 1944 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race Negro
6. (a) Single, widowed, married, divorced. married
6. (b) Name of husband or wife Herbert Hayes 6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased Aug 1890
(Month) (Day) (Year)

Immediate cause of death. Cardiovascular Renal Disease

8. AGE: Years 54 Months 0 Days 6 If less than one day hr. min.

9. Birthplace New Madrid Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business At home

12. Name Hicks

13. Birthplace New Madrid Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Malinda Woods

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

16. (a) Informant Herbert Hayes

(b) Address 148 N. E. St. - Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 8-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Frank Catrell

(b) Address Poplar Bluff Missouri

19. (a) 8-24-44 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 13/2w

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?
(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? (a) Means of injury

23. Signature J. J. Solley (M.D. or other)

Address Poplar Bluff Mo. Date signed 8/15/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Paul Richard Brown

Licensed Embalmer No. 4324

P.O. Address 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.