

FILED FEB 13 1945  
 Registration District No. \_\_\_\_\_

Primary Registration District No. 4426

Registrar's No. 1

1. PLACE OF DEATH:  
 (a) County Polk  
 (b) City or town Fair Play  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location) 1  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_ life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Polk 94  
 (c) City or town Fair Play 9  
 (If outside city or town limits, write "RURAL") 1  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_ 11

3. (a) PRINT FULL NAME Ida Hays  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. 267

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 8 1865  
 (Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days I  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Fair Play, Polk Co., Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation general house work

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

MOTHER FATHER  
 12. Name George W. Hays  
 13. Birthplace Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Lucy Baker  
 15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Ida Mead  
 (b) Address Fair Play, Mo.

17. (a) burial (b) Date thereof Dec 10-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Fair Play, Mo.

18. (a) Signature of funeral director Barker E. ... Blue  
 (b) Address Fair Play, Mo.

19. (a) Jan 13 1945 (b) Oran G. ...  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9  
 year 1944 hour 10 am minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from July 7<sup>th</sup> 1944 to Dec 8<sup>th</sup> 1944  
 that I last saw her alive on Dec 8<sup>th</sup> 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Softening of brain +  
progressive paralysis +  
mental deterioration  
Arteriosclerosis

Duration  
5 months  
 ?

Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
 Of operations 120  
 Of autopsy 10

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. O. F. Wilborn (M. D. or other) 2  
 Address Fair Play, Mo. Date signed Dec 10

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

4000

1362

**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

*William P. Erwin*

Licensed Embalmer No. *3092*

P. O. Address *Baldwin, 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.**