

FILED FEB 27 1946

Registration District No. **11**

Primary Registration District No. **5041**

Registrar's No. **8**

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Rural Flat Creek**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **5 yrs**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barry**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Cassville, Mo. R#**
(If rural, give location)
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME **Vivian Mary Elenor Hays**

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

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Earl Hays** 6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **February 23 1893**
(Month) (Day) (Year)

8. AGE: Years **52** Months **11** Days **10** If less than one day hr. min.

9. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **--**

12. Name **Isac M. Perrman**
13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Martha I. Wilson**
15. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Earl Hays**

(b) Address **Cassville, Missouri**

17. (a) **Burial** (b) Date thereof **2 4 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Horner Cem. Cassville**

18. (a) Signature of funeral director **Wm Morris Logan**

(b) Address **Wheaton, Mo.**

19. (a) **Feb 6 - 1946** (b) **Grace Williams**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Febr.** day **2**
year **1946** hour **6** minute **20** A.M.

21. I hereby certify that I attended the deceased from **June 6 1937** to **Jan. 7 1946**
that I last saw her alive on **Jan 2 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy** Duration **1 hour**

Due to **Essential Hypertension** 5 years

Due to **Essential Hypertension**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **g30** Of autopsy **g30**

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?.....

(Specify type of place) While at work? **2** (e) Means of injury **2**
23. Signature **C. E. McDaniel** (Physician) Address **Cassville, Mo.** Date signed **7/4/46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3536

RECEIVED

District Health Officer No. 8

District File Number 146-119

Date Filed FEB 25 1946

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 Wm Morris Payne

Licensed Embalmer No. 3492

P. O. Address Wheaton, 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.