

S. No. 2  
M-5-43  
5-17-39  
X3467

State File No. 29678  
Registrar's No. 322

**FILED** SEP 30 1946

Registration District No. 43

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:  
1102 North Main St. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 years (Specify whether years, months or days)

In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

(d) Street No. 1102 N. Main  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Viola A. Hayes

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F / race W

5. Color or race \_\_\_\_\_

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

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

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: April 29 1858  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>4</u>	<u>16</u>	hr. min.

9. Birthplace: Johnstown Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

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

12. Name Joseph Simons

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

14. Maiden name Elizabeth Addis

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

16. (a) Informant Raymond J. Camp

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 9/16/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 9/27/46 (b) R. H. Menzies  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15  
year 1946 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Sept 9 1946  
to Sept 14 1946  
that I last saw her alive on Sept 14 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Hypostatic Pneumonia

Due to Chronic Passive Pulmonary Congestion

Due to Myocardial failure decompensation Chronic

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

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 0

Signature Kenneth P. Currie (M.D. or other) M.D.

Address Poplar Bluff, Mo. Date signed 9-19-46

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

28574

RECEIVED

Health Office No. 2,

District File Number 1046-1184

Date Filed 10-1-46

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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 Wallace N. Fitch.....

Licensed Embalmer No. 3859.....

P. O. Address Poplar 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.**