

State File No. _____
 Registrar's No. 78

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (c) Name of hospital or institution: Missouri Methodist Hospital
 (d) Length of stay: In hospital or institution 9 Days
 In this community 47 years.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town Rural
 (d) Street No. R.R.#3, St. Joseph, Mo. (Karnes Rd.)
 (e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Helen Lorene Hayes
 3. (b) If veteran, name war None
 3. (c) Social Security No. None
 4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Harry M. Hayes
 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased February 17 1898
 8. AGE: Years 48 Months 11 Days 00

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 17, year 1947. hour 3:25 minute P. M.
 21. I hereby certify that I attended the deceased from Jan 8 1947 to Jan 17 1947
 that I last saw her alive on Jan 17 and that death occurred on the date and hour stated above.
 Immediate cause of death: Subtotal uterine myometrium - 1-11-47
 Due to: Postpartum collapse of lung
 Other conditions: 13910

MOTHER FATHER

9. Birthplace Quincy Illinois
 10. Usual occupation Housewife
 11. Industry or business Home.
 12. Name Gustav J. Weisenborn
 13. Birthplace Unknown Germany
 14. Maiden name Mary Adeline Rogers
 15. Birthplace Quincy Illinois
 16. (a) Informant Harry M. Hayes
 (b) Address R.R.#5 St. Joseph, Mo.
 17. (a) Burial (b) Date thereof Jan. 20, 1947
 (c) Place: burial or cremation: Ashland Cemetery
 18. (a) Signature of funeral director Walter Meierhoffer
 (b) Address 1302 Parson St., St. Joseph, Mo.
 19. (a) 1-21-47 (b) G. G. Jenkins

Duration
 Physician
 Major findings: Intraligamentary fibroid
 Of autopsy: atelectasis - lower lobes left + right Pelvic joints intact
 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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place)
 While at work? (e) Means of injury
 23. Signature Dr. Lewis M. [Signature]
 Address St. Joseph Mo. Date signed 1-18-47

OCT 27 1947

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 *Albert E. Harrington*
Licensed Embalmer No. 3258 Missouri.
P. O. Address St. Joseph, Missouri.

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.