

FILED MAR 2 1948
Registration District No. 3010

Primary Registration District No. 3010

Registrar's No. 67

16
14

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution South East Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether _____)

In this community 6 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. Grand St
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Daisy L. Hayes

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 year 1948 hour 5 minutes 5 a.m.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: July 1 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 7 1948 to Feb 17 1948 that I last saw her alive on Feb 16 1948 and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 7 Days 16 If less than one day _____ hr. _____ min.

Immediate cause of death Basilar skull fracture and cerebral hemorrhage

Due to _____

9. Birthplace Hartsville Mo (City, town, or county) (State of foreign country)

Other conditions (include pregnancy within 3 months of death) 186 ft

10. Usual occupation Housewife

Major findings: Of operations _____

11. Industry or business _____

Of autopsy _____

12. Name Harry Young

PHYSICIAN _____

13. Birthplace Hartsville Mo (City, town, or county) (State of foreign country)

14. Maiden name Doris Agnes

15. Birthplace Mountain View (City, town, or county) (State of foreign country)

16. (a) Informant Mrs. Harry Wilburn

(b) Address Cape Girardeau

17. (a) Burial (b) Date thereof 2-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain View

18. (a) Signature of funeral director Steph H. Brinkley

(b) Address Cape Girardeau Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Feb 5 - 1948

(c) Where did injury occur? Cape Girardeau Cape Girardeau Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public _____

(Specify type of place) Home

(e) Means of injury Fell down stairs

19. (a) 2-27-48 (b) G. G. Sumner
(Date received local registrar) (Registrar's signature)

19. Signature R. G. Potter (M. D. or other) _____
Address Cape Girardeau Mo Date signed 2-19-48

RECEIVED

District Health Officer No. 4
District File Number 348-287
Date Filed 3-1-48

MAR 6 1948

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 W. H. Estes

Licensed Embalmer No. 2568

P. O. Address Cape Girardeau

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.