No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 27 1948
Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11351
Primary Registration District No. 3000
Registrar's No. 122

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith Memorial Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 Days (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair 1
(c) City or town: Kirksville (If outside city or town limits, write "RURAL") 3
(d) Street No.: 711 W. Hamilton St. (If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: FANNIE WAGNER HAYWARD
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: James A Hayward
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December (Month) 18 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
80	3	20	hr. min.

9. Birthplace: Adair Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Andrew Scott
13. Birthplace: DK (City, town, or county) Ohio (State or foreign country) 1
MOTHER 14. Maiden name: Mary Scott
15. Birthplace: DK (City, town, or county) Ohio (State or foreign country) 1
16. (a) Informant: Mrs. Harold Daughl
(b) Address: 504 N. Baltimore, Kirksville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Park Cemet.
18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Kirksville, Mo.
19. (a) 4-21-48 (Date received local registrar) (b) Nate Lambert (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 7 year 1948 hour 8:00 minute 20 P.M.
21. I hereby certify that I attended the deceased from March 27, 1948 to April 7, 1948; that I last saw her alive on April 7, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	11 days
Due to: Arterial hypertension	3 years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? 0 (Specify type of place)
While at work: (e) Means of injury:
23. Signature: [signature] (M. D. or other) M.D.
Address: Kirksville, Mo. Date signed 4/10/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-48-75
Date Filed APR 26 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, [redacted] _____ Registered Apprentice No. _____, working under my personal supervision.

Signed Clarence M. Bills

Licensed Embalmer No. 4375

P. O. Address Kirksville, 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.