

1. PLACE OF DEATH:
 (a) County Barton
 (b) City or town Liberal (Rural)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 46 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Barton 6
 (c) City or town Liberal Rural Route #2
(If outside city or town limits, write "RURAL")
 (d) Street No. 8 1/4 miles N.E. of Liberal, Mo.
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Della Ellen Hays
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 31
 year 1948 hour 12 minute 40 P. M.
 21. I hereby certify that I attended the deceased from
Jan 18 1948 to Jan 30 1948
 that I last saw her alive on Jan 30 1948
 and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased March 6 1876
(Month) (Day) (Year)

Immediate cause of death Cerebral thrombosis
 Duration 2 weeks

8. AGE: Years 71 Months 10 Days 25
 If less than one day hr. min.

Due to Hypertension + heart complications
 Due to Senility
 Other conditions 0
(Include pregnancy within 3 months of death)

9. Birthplace Jackson Co. Ohio
(City, town, or county) (State or foreign country)
 10. Usual occupation housekeeper
 11. Industry or business own home

Major findings:
 Of operations 0
 Of autopsy 0
 PHYSICIAN J. J. W.
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name David Hays
 13. Birthplace Jackson Co. Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Mrs. M. Crabtree
 15. Birthplace Jackson Co. Ohio
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) 0
 (b) Date of occurrence 0
 (c) Where did injury occur? 0
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? 0 (Specify type of place)
 Means of injury 0

16. (a) Informant Mrs. Menta Miller
 (b) Address Liberal Mo. B.P.
 17. (a) burial (b) Date thereof Feb. 1 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Barton City Cemetery
 18. (a) Signature of funeral director M. Reiker
 (b) Address Mulberry Kansas
 19. (a) Jan 20 48 (b) W. H. Schuler
(Date received local registrar) (Registrar's signature)

23. Signature J. J. W. (M. D. W.)
 Address Liberal Mo. Date signed 2/1/48

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

RECEIVED

District Health Officer No.-6,

District File Number 448-553

Date Filed APR 28 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 J. M. Berkeley

Licensed Embalmer No. 2336

P. O. Address. Mulberry, Kans.

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.