

FILED DEC 8 1944

Primary Registration District No. 5512

Registrar's No. 193

1. PLACE OF DEATH:

(a) County HENRY

(b) City or town CLINTON TOWNSHIP MONEY CREEK TWP  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
NONE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE  
(Specify whether years, months or days)

In this community 76 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry 42

(c) City or town Clinton Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Money Creek Twp  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ELIZABETH ELLEN HAYS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 8.  
year 1944 hour 11. minute P.M.

21. I hereby certify that I attended the deceased from 10-25, 1944, to 11-8, 1944  
that I last saw eu alive on 11-8, 1944  
and that death occurred on the date and hour stated above.

4. Sex F. 1

5. Color or race W.

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

6. (b) Name of husband or wife WILLIAM A. HAYS

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

7. Birth date of deceased JUNE 20 1855  
(Month) (Day) (Year)

Immediate cause of death Chronic nephritis

Due to sensitivity

Other conditions (include pregnancy within 3 months of death) 1315

8. AGE: Years 89 Months 4 Days 18 If less than one day hr. min.

9. Birthplace ST. LOUIS MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business

MOTHER FATHER

12. Name GEORGE CONVERSE

13. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations  
Of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Ed Pfister

(b) Address Clinton Mo H#4

17. (c) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Wickory Grove

18. (a) Signature of funeral director H. J. Casavant

(b) Address Clinton Mo.

19. (a) November 10 1944 (Date received local registrar) Georgia Kitchen (Registrar's signature)

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 20

23. Signature L. J. Powell (R. D. Other) 20  
Address Clinton Mo Date signed 11/10

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

200

RECEIVED

Dis. No. 7

Date Filed 11-44-18.61

Date Filed 12-7-44

**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, ~~my~~.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed..... *H. L. Vansant* .....

Licensed Embalmer No. 3779 .....

P. O. Address..... *Clinton* .....

**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.**