

No. 2
-1/47
5-17-39

4642

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 25 1948
Registration District No. 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 39

Primary Registration District No. 5512

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

1. PLACE OF DEATH:
(a) County HENRY
(b) City or town HARTWELL
(c) Name of hospital or institution: HONEY CREEK - TWP. 1
(d) Length of stay: In hospital or institution NONE
In this community 7 MONTHS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Henry 42
(c) City or town Hartwell, Mo.
(d) Street No. HONEY CREEK - TWP.
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME GRACE E. HAYS
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB. day 16
year 1948 hour 8:30 minute A M.
21. I hereby certify that I attended the deceased from 1-26-48
to present
that I last saw her alive on 2-6-48
and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOHN A. HAYS 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased AUG 17, 1880

Immediate cause of death Brain Tumor
Due to Concussion of Skull & Stomach
Other conditions Neplines
Due to Seraphin Melton
PHYSICIAN _____
Underline the cause of which death should be charged statistically.

8. AGE: Years Months Days If less than one day
67 5 29 hr. min.

9. Birthplace JOWA
10. Usual occupation HOUSEWIFE

11. Industry or business
12. Name WM HASSON
13. Birthplace UNKNOWN
14. Maiden name LYDIA H HOYER
15. Birthplace UNKNOWN

16. (a) Informant John A. Hays
(b) Address Hartwell, Mo.
17. (a) burial (b) Date thereof 2-18-1948
(c) Place: burial or cremation Morris Cemetery
18. (a) Signature of general director H. A. Varian
(b) Address Clinton, Mo.
19. (a) 2-17-48 (b) R. R. Kenney

Major findings: Of operations 46D
Of autopsy _____

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? _____
While at work? _____ (e) Means of injury 2
23. Signature Gus Smith
Address Clinton Mo Date signed 2-17-48

Date Filed 2-24-48
District File Number 1-48-102
District Health Officer No. 7
RECEIVED
FEB 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, ~~on~~ by _____

~~Registered Apprentice No. _____~~

~~working under my personal supervision.~~

Signed W. A. Gausant

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.