

3. No. 2
M-5-43
5-17-39
I X366

State File No. _____

FILED AUG 19 1946
Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution:
Barry County Clinic 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Cassville 1
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Martha Ellen Hutchens

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

7. Birth date of deceased November 23 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86	6	4	hr. min.
----	---	---	----------

9. Birthplace Carrollton Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Lloyd Hayes

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

14. Maiden name Mary Jan Hayes

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

16. (a) Informant Mrs. Jennie Burks

(b) Address Cassville, Missouri

17. (a) Burial (b) Date thereof 5-30-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) July 22 - 1946 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1946 hour 12:17 minute A. M.

21. I hereby certify that I attended the deceased from May 14
19 46 May 27 19 46

that I last saw h.e.r. alive on May 26 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Uremia 1 wk.

Due to Arteriosclerosis wk.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

: Of operations _____

Of autopsy 97

PHYSICIAN _____

Underline the cause to 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? _____

(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature Beard Newman (M. D. or other) _____

Address Cassville, Mo Date signed _____

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 846-860

Date Filed AUG 14 1946

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.....

Licensed Embalmer No.....

P. O. Address.....

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.