

REC'D MAY 17 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

14116  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Buchanan Registration District No. 85  
 (b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 478  
 (c) City St. Joseph (d) Street No. 6435 King Hill Ave. St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 65 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Charles Hayward 630  
 (a) Residence, No. 6435 King Hill Ave. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>		21. DATE OF DEATH (MONTH, DAY, AND YEAR) <b>April 29 1938</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Mollie Hayward</b>				22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 21</u> , 19 <u>38</u> , to <u>April 29</u> , 19 <u>38</u> I last saw him alive on <u>April 28</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>9:00A</u> M.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>April 2, 1868.</b>				The principal cause of death and related causes of importance were as follows: <u>Cirrhosis of the liver and chronic colitis</u> <u>Chronic Myocarditis</u>	
7. AGE	YEARS <b>70</b>	MONTHS <b>0</b>	DAYS <b>27</b>	If LESS than 1 day, hrs. or min.	Date of onset <u>about 6 weeks</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Retired Hardware Merchant.</b>		11. Total time (years) spent in this occupation <b>?</b>		
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>Retail Hardware</b>				
	10. Date deceased last worked at this occupation and year <b>Oct. 1937</b>				
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>DeKalb Missouri</b>		Other contributory causes of importance: <u>Chronic Myocarditis</u>		
	13. NAME <b>Charles Hayward</b>		Name of operation <u>none</u> Date of _____		
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown England</b>		What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>Yes</u>		
	15. MAIDEN NAME <b>Isabel Quigley</b>		23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <input checked="" type="checkbox"/> Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown England</b>		Manner of injury _____ Nature of injury _____		
17. INFORMANT (ADDRESS) <b>Mrs. Mollie Hayward Mo. 6435 King Hill Ave. St. Joseph</b>				24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>H.A. Robertson</u> , M. D. (Address) <u>St. Joseph Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Mt. Mora Cemetery St. Joseph, Mo.</b> DATE <b>May 12, 1938</b>					
19. FUNERAL DIRECTOR (ADDRESS) <b>H.O. Sidenfaden and Son 1802 Union St. St. Joseph, Mo.</b>					
20. FILED <u>5-2</u> 19 <u>38</u> <u>H.A. Robertson</u> Local Registrar					

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Elbert E. Harrington, Licensed Embalmer No. 3258.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

----- L. E. -----  
No. ----- or by ----- Registered Apprentice No. -----  
working under my personal supervision.

Signed

*Elbert E. Harrington*

Licensed Embalmer No. 3258.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)