

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

22320
 Do not use this space.

REC'D JUL 15 1939

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 403
 (b) Township Brookings Primary Registration District No. 5557 Registered No. _____
 (c) City KANSAS CITY (d) Street No. R.F.D. #2 _____ St. _____
 (e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MRS. MARGARET E. HAYFORD
 (a) Residence, No. R.F.D. #2 St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY-16-1863

7. AGE YEARS 76 MONTHS 4 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) FOUNTAIN GREEN (STATE OR COUNTRY) ILLINOIS

FATHER 13. NAME YETTER
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME UNKNOWN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MRS. MARTHA F. MILLER
R. F. D. #2

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE 6-16, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. NEWCOMER'S SONS
1401 BRUSH CREEK BLVD.

20. FILED 6-15, 1939 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-15, 1939

I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to June 10, 1939
 I last saw him alive on June 12, 1939 Death is said to have occurred on the date stated above, at 6:15 A. M.
 The principal cause of death and related causes of importance were as follows:

Myo-carditis
aged 70
 Other contributory causes of importance: aged for a number of years

Name of operation none Date of _____
 What test confirmed diagnosis: autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) M. E. Hayford
 (Address) 609-10-11 Fisher St.

11-5-30
1115
Harvey Quisenberry

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 C. Harvey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. Mo.

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

22320
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 403
 (b) Township Brookline Primary Registration District No. 5557
 (c) City _____ (d) Street No. R. F. D. # 2 Registered No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Margaret Hayford

(a) Residence, No. R. F. D. # 2 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-16-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fountain Green Illinois

13. NAME settled

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) runaway ran away

15. MAIDEN NAME Winkler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) runaway

17. INFORMANT (ADDRESS) Mrs. Margaret Miller R. F. D. # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE mt moriah DATE 6-16, 1937

19. FUNERAL DIRECTOR D. W. Newcomer & Son (ADDRESS) 1401 Brush Creek Blvd.

20. FILED 6-15, 1937 D. McComb Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15-1937

22. I HEREBY CERTIFY, That I attended deceased from May 1 to June 15, 1937

I last saw him alive on June 12, 1937. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

myocarditis
 other contributory causes of importance: invald for a number of years

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1937

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) O. F. Haydon, M. D.
 (Address) W. C.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

IMPROPERLY FILED

