

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 167

Primary Registration District No. 5-2-2-1-4031

Registrar's No. 41

DEC 13 1939

1. PLACE OF DEATH:

(a) County Cedar
 (b) City or town Stockton
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community All of life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
 (c) City or town Stockton
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME James T. Haden 350.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel Haden 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 9 1877
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>62</u>	<u>4</u>	<u>13</u>	hr. _____ min.

9. Birthplace Johnson County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Dry Goods Store

12. Name R. W. Haden

13. Birthplace Madison Co, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant's own signature Roger Haden

(b) Address El Dorado Springs, Mo.

17. (a) Stockton (b) Date thereof Nov 26 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stockton, Mo.

18. (a) Signature of funeral director W. G. Davis & Co

(b) Address Stockton Mo 935

19. (a) Nov 29 (b) Mrs. Minnie Boardman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1939 hour 2: minute 50 P. M.

21. I hereby certify that I attended the deceased from November 21, 1939, to November 22, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardiac Struggling 56 hrs
 Due to Coronary Thrombosis
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 94

Major findings: Of operations _____

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? _____ (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 _____

23. Signature James V. Herbert (M. D. or other) _____
Address Stockton Mo 9 Date signed 11-24-39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.