

MAY 15 1940

660

Registration District No.

Primary Registration District No.

5878

Registrar's No.

1. PLACE OF DEATH:

(a) County Perry *Perry Co. Mo.*
 (b) City or town Rural *II*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 44-1-10 *NI*
 In this community 44-1-10 (Specify whether years, months or days)

8. (a) PRINT FULL NAME George N. Hayden *350*8. (b) If veteran, name war World War 8. (c) Social Security No. _____4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Mary Hayden 6. (c) Age of husband or wife if alive 37 years7. Birth date of deceased March 23 1896
(Month) (Day) (Year)8. AGE: Years 44 Months 1 Days 10 If less than one day hr. min.9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farming11. Industry or business 612. Name Edward Hayden13. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)14. Maiden name Rogina Bundendistel15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Wm. J. Hayden(b) Address Star Route Perryville Mo.17. (a) Burial (b) Date thereof May 6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Perryville Mo.18. (a) Signature of funeral director Young Bros(b) Address Perryville Mo.19. (a) 5-6-1940 (b) Joseph Zellner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
 (c) City or town Rural
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1940 hour 3 minutes 50 P. M.21. I hereby certify that I attended the deceased from Oct. 5-1935
_____ 19 to May 3, 1940
that I last saw him alive on May 13, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary Resonance Duration 2 daysDue to Pulmonary Tuberculosis 5 yrs

Due to _____

Other conditions 73
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

575
While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Oscar O'Connell (M. D. or other) _____Address Perryville, Mo. Date signed 5-6-40

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 *Edward E. Young*.....

Licensed Embalmer No. *2135*.....

P. O. Address *Corrville 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.