

Registration District No. **392**

Primary Registration District No. **4231**

Registrar's No. **9**

1. PLACE OF DEATH:
 (a) County Iron
 (b) City or town Plat Knob, Iron, Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: At Home
(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)
 In this community About 35 yrs

3. (a) PRINT FULL NAME: Mary Hayden 360
 3. (b) If veteran, name war _____
 3. (c) Social Security No. no

4. Sex Female
 5. Color or race white
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife John Hayden
 6. (c) Age of husband or wife if alive no years
 7. Birth date of deceased July 1, 1868
(Month) (Day) (Year)

8. AGE:
 Years 72 Months — Days 1
 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER, FATHER
 { 12. Name Not known 9
 13. Birthplace Not known
(City, town, or county) (State or foreign country)
 14. Maiden name Not known
 15. Birthplace Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Hayden
 (b) Address Iron, Mo

17. (a) Plat Knob Catholic Cemetery
(Burial, cremation, or removal) (b) Date thereof July 4 - 1940
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Piebe & Richardson
 (b) Address Iron

19. (a) July 8 1940
(Date received local registrar) (b) L. J. Effinger
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Iron
 (c) City or town Plat Knob
(If outside city or town limit, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? About 35 yrs years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 2nd
 year 1940 hour 9:00 P.M. minute _____
 21. I hereby certify that I attended the deceased from July 1st, 1940, to July 2nd, 1940,
 that I last saw her alive on July 1st, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure
 Due to chronic myocarditis
Senility
 Due to _____
 Other conditions —
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy no

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?
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28. Signature R. E. Harland (M. D. or other) im D.
 Address Iron, Mo Date signed 6/29/40
(Specify type of place) (e) Means of injury

Duration 7/1/40
 Underline the cause to which death should be charged statistically. ??

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

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

Chas. Richardson

Licensed Embalmer No. *3167*

P. O. Address *Farmington 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.