No. 2
1-10-39
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43599

Registration District No. ~~725~~ 4431 Primary Registration District No. 725 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Ralls

(b) City or town Center (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 (Specify whether years, months or days)

In this community 44 years 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls

(c) City or town Center (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME John Thomas Hayden

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 widowed

6. (b) Name of husband or wife Unk

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 9, (Day) 1849 (Year)

8. AGE: Years 91 Months 5 Days 2 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Thomas Hayden

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

14. Maiden name Rebecca McAllister

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

16. (a) Informant Fred W. Couch

(b) Address Center, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Holy Rosary, Monroe City, Mo.

18. (a) Signature of funeral director Schlanker-Couch

(b) Address Center, Missouri

19. (a) 12/13/40 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1940 hour 6 minute 05 P.M.

21. I hereby certify that I attended the deceased from July 12, 1939 to Dec. 11, 1940 that I last saw him alive on Dec. 11, 1940: and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	1½ yrs
Due to: Valvular disease and general arteriosclerosis	1½ yrs
Due to: Hypertrophy of the heart	1½ yrs

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. H. Brooks (M. D. or other) Dr.

Address Center Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-41-110
Date Filed JAN 13 1941

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 Edgar B. Schlueter

Licensed Embalmer No. 4136

P. O. Address Center, Miss

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

If this body is not embalmed, above space should be left blank.