o. 2
13-40
7-39
X23159

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

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2266

Registration District No. 201 Primary Registration District No. 5280 Registrar's No. 7

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Liberty Ward 2 (If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: Odd Fellows Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 years (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence (If outside city or town limits write "RURAL")
(d) Street No.: 1406 Hedges (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: NAPOLEN B. HAYDEN
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married or divorced: Widowed
6. (b) Name of husband or wife: Sarah Jane Hayden
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July 28 1862 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 18 If less than one day hr. min.

9. Birthplace: Polk Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Retired Stationary
11. Industry or business: Engineer
MOTHER FATHER
12. Name: George Hayden
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Nancy Polly
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs A. C. Hunde
(b) Address: 1406 Hedges Ave Ind. Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Washington
18. (a) Signature of funeral director: ~~[illegible]~~ Geo. C. Coppage
(b) Address: ~~1406 Hedges Indep. Mo~~ Independence
19. (a) Jan 16-41 (Date received by local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1941 hour 4 minute [illegible] A. M.
21. I hereby certify that I attended the deceased from [illegible] 19[illegible] to Jan [illegible] 1941; that I last saw him alive on Jan 15 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion — Duration
Due to: [illegible]
Due to:
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)
(e) Was injury while at work? (e) Means of injury:
23. Signature: J. H. Heathcoat (M. D.)
Address: Liberty Mo Date signed 1/16/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Mathews
Liberty Mo.

OCT 3 1946

RECEIVED
Health Officer No. 8
File Number
Filed 2-12-41

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 Marion Steel

Licensed Embalmer No. 3156

P. O. Address Liberty 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, fact should be so stated above.