

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13360

State File No.

Registrar's No. **1551**

FILED MAY 12 1942
Registration District No. **1002**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson,**

(b) City or town **Kansas City,**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Luke's Hospital, D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 days**
(Specify whether years, months or days)

In this community **34 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **Jackson,**

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

(d) Street No. **87th and Brooklyn,**
(If rural, give location)

(e) Citizen of foreign country? **X** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Dr. John G. Hayden,**

3. (b) If veteran, name war **World War**

3. (c) Social Security No. **no.**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Leah F. Hayden**

6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **August 29 1878**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62-63	7	18	hr. min.

9. Birthplace **Haltom Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Physician,**

11. Industry or business **X**

12. Name **Charles Hayden**

13. Place **Pennsylvania**
(City, town, or county) (State or foreign country)

14. Maiden name **Lorena Gardner,**

15. Place **Wisconsin**
(City, town, or county) (State or foreign country)

16. Informant **Mrs. Leah F. Hayden,**

17. Address **87th and Brooklyn, K. C., Mo.**

17. (a) **Cremation** (b) Date thereof **4-20-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery.**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **4-20-42** (b) **M. H. Browe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17**
year **1942** hour **7** minute **05 P.M.**

21. I hereby certify that I attended the deceased from **Jan 26 1942** to **April 17 1942**
that I last saw him alive on **April 17 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Sub-acute Bacterial Endocarditis**

Due to **9/10**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **Sub-acute Bacterial Endocarditis**

Duration

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?

While at work? (Specify type of place)

(e) Cause of injury

23. Signature **George C. Lee** (M. D. or other)

Address **1630 Prof Bldg, K.C., Mo** Date signed **4/22/42**

MOTHER FATHER

Handwritten notes and signatures in the MOTHER FATHER section.

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OCT 21 1942

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 *Emery M. Clark*

Licensed Embalmer No. *1848*

P. O. Address. *K. C. 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1551

On this 24th day of April, 1942, before me appears.....

Leah F. Hayden, who, upon her oath, states that the original record of ~~birth~~ death

for Dr. John G. Hayden ^{died} ~~born~~ April 17, 1942, 19....., in the State of

Missouri, and which was filed at Kansas Cit. y on 4-20-42, 19....., should be corrected as follows:

Item No. 7 should read August 29, 1879

Instead of..... 1878

Item No. 8 should read 62

Instead of..... 63

Item No. 9 should read Holton, Kansas

Instead of..... Kansas

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Leah F. Hayden - wife
Relationship. wife

87th and Brooklyn
Present Address. Kansas City, Missouri

Subscribed and sworn to before me this 24th day of April, 1942

My Commission expires Nov 29th 1943 John C. Puro Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

13360

one - 3 miles

from the east