

FILED MAY 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

15225

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County PIKE
(b) City or town FRANKFORD
(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. 81 YRS. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE 82
(c) City or town FRANKFORD 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME SARAH ADA HADEN

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if

WILLIAM JOSEPH HADEN alive years
7. Birth date of deceased. JULY 9 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 9 24 hr. min.

9. Birthplace PIKE COUNTY MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name WILLIAM MARTIN HOLMAN

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

14. Maiden name SALIE HILL

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

16. (a) Informant Mrs. J. H. Fasnach

(b) Address Alledo, Ill.

17. (a) BURIAL (b) Date thereof MAY 2 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRANKFORD MO.

18. (a) Signature of funeral director J. E. Ferguson

(b) Address Frankford, Mo.

19. (a) May 7, 1942 (b) Mrs. R. C. Holman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1942 hour 7 minute 00

21. I hereby certify that I attended the deceased from April 29 1942 to April 30 1942
that I last saw her alive on April 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Obstruction Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations

Of autopsy

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 Dr. Ferguson (M. D. or other)

Address Frankford Mo. Date signed 7/2/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Office No. 10

District File Number 5-42-1003

Date Filed MAY 14 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 *Gene Fields Negron*

Licensed Embalmer No. 40930

P. O. Address *Frankford, Pa.*

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.