

S. No. 2
M-1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34984

State File No. _____

FILED NOV 11 1942

Registration District No. 326

Primary Registration District No. 6106

Registrar's No. 61

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0

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

1. PLACE OF DEATH:

(a) County Scotland

(b) City or town Rural Scotland
(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)

In this community all his life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland

(c) City or town Memphis Mo Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ENNIS HAYWARD Jr.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21-1942
year 1942 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from Oct 21st, 1942 to Oct 21, 1942
and that I last saw him alive on Oct 21st, 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: April 26 1932
(Month) (Day) (Year)

Immediate cause of death: Cerebral Valvular defect lesion

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>10</u>	<u>5</u>	<u>25</u>	_____ hr. _____ min.

9. Birthplace Kirkville, Mo _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Ennis Hayward

13. Birthplace Scotland Co. Mo _____
(City, town, or county) (State or foreign country)

14. Maiden name Hazel Wells

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

16. (a) Informant Ennis Hayward

(b) Address Rutledge, Mo

17. (a) Burial (b) Date thereof Oct 23, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis cemetery

18. (a) Signature of funeral director Gerty B. Baskett

(b) Address Wagon, Mo

19. (a) Oct 29 1942 (b) Bernice Wilson
(Date received local registrar) (Registrar's signature)

Major findings: none

Of operations _____

Of autopsy none

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) Means of injury _____

23. Signature F. M. Johnson (M. D. or other) _____
Address Merri Mo Date signed 10 23 42

1143 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 11-42-1999

Date Filed NOV - 5 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.....

Licensed Embalmer No.....

P. O. Address.....

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.