

FD MAY 10 1943

Registration District No. 2-88

Primary Registration District No. 5981

Registrar's No.

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Dunnegan rural - Madison Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(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) none

3. (a) PRINT FULL NAME Edna Ruth Hayden

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

4. Sex female / race white / 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Leland Hayden
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Jan 3 1895
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Polk county Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name W. E. Grant
13. Birthplace Polk co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ora Grant
15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Leland Grant

(b) Address Dunnegan mo R 2

17. (a) Burial (b) Date thereof Mar 12 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linby Orange cemetery

18. (a) Signature of funeral director Phyllis G. Hutchinson & Co

(b) Address Bolivar mo

19. (a) May 5, 43 (b) Lucille Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk
(c) City or town Dunnegan rural - Madison Twp
(If outside city or town limits, write "RURAL")
(d) Street No. none
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11 year 1943 hour minute P. M.

21. I hereby certify that I attended the deceased from March 11 1943 to March 11 1943 that I last saw h. er. alive on March 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 20 min

Due to She was dead when I arrived.

Other conditions She had high blood pressure
(Include pregnancy within 3 months of death)

Major findings: Of operations 830
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?

23. Signature Rose C. Neuns (M. D. or other) MD
Address Dunnegan mo Date signed 4-5-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 4-43-160

Date Filed 5-5-43

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 Chas J. [Signature]

Licensed Embalmer No. 4154

P. O. Address Baltimore 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.