

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

FILED JUN 17 1943 45

Primary Registration District No. 5151

1. PLACE OF DEATH: Caldwell

(a) County Caldwell

(b) City or town Rural, Kildeer

(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: none

In this community 6 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nettie A. Hadden

3. (b) If veteran, name war: none

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Martin Hadden

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: April 13 1872

8. AGE: Years 71 Months 0 Days 17

If less than one day hr. min.

9. Birthplace Caldwell County Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business same

12. Name Frank Lee Felton

13. Birthplace Ireland

(City, town or county) (State or foreign country)

14. Maiden name Cynthia A. Chapman

15. Birthplace Ohio

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mildred Joern

(b) Address 721 1/2 Highland Kansas City Mo.

17. (a) Burial (b) Date thereof 5-2-1943

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton Mo.

18. (a) Signature of funeral director H. F. Powell

(b) Address Kildeer Mo.

19. (a) May 30 43 (b) Flora B. Baister

(Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Rural

(d) Street No. 5-mile south Kildeer Mo.

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30

year 1943 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 27 1943 to April 30 1943

that I last saw her alive on April 30 1943

and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Congestive Heart Failure

Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 938

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?

While at work? (Specify type of place) (Means of injury)

23. Signature H. L. Dwyer, D.O.

(M. D. or other)

Address Kildeer Mo. Date signed 5-4-43

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.....

my self

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

H. F. Camell

Licensed Embalmer No.....

1804

P. O. Address.....

Kidder St

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.