

FILED SEP 14 1943

Registration District No. _____

Primary Registration District No. 5028

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Rural, Dale Dale Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 67 yrs (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 6 1/4 Mi. NE of Laurel, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH WILEY HADDEN

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

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: September 11, 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Uniontown Penna.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business Farm

12. Name George W. Hadden

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

14. Maiden name Agnes Risher

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

16. (a) Informant Mrs. Teresa M. Laughlin

(b) Address Tracy, Calif.

17. (a) Burial (Burial, cremation, or reburial) (b) Date thereof 7/18/43
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge Cemetery

18. (a) Signature of funeral director Schleser, Ernest Hoff

(b) Address Laurel, Missouri

19. (a) July 20 1943 (Date received local registrar) (b) Mrs. H. O. Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 -43
year 1943 hour 5:00 minute 45 M.

21. I hereby certify that I attended the deceased from July-6- 1943, to July-16- 1943
that I last saw him alive on July -16, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio-sclerosis 3 Yrs.
Chronic interstitial Neph. 2 yrs

Due to _____
Due to _____

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

Major findings: 131a
Of operations _____
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) (e) Means of injury _____

23. Signature J. M. Davis M.D. (M. D. or other)
Address Laurel, Mo. Date signed 7-18-43

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

MOTHER FATHER

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..... *Marvin H. Schoeler*

Licensed Embalmer No..... *4162*

P. O. Address..... *Fairfax, Va.*

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.