

V. S. No. 2
100M-2-43
R. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1943
Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30751**
Registrar's No. **4154**

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(c) Name of hospital or institution:
1010 Brooklyn Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 18 years (Specify whether years, months or days)
In this community About 18 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Eva Hayden
3. (b) If veteran, name war no
3. (c) Social Security No. 506-22-3187

4. Sex Fe 5. Color Col. 6. (a) Single, widowed, married, divorced mar.
6. (b) Name of husband or wife William Hayden 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased May 1 1887
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Austin Texas
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business nobles brach Room

12. Name Alexander Session

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

14. Maiden name Nattie Mc Kee

15. Birthplace Travis Co. Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Stevens

(b) Address 1010 Brooklyn

17. (a) Burial (b) Date thereof 9-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo

19. (a) 9-30-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town K.C.
(d) Street No. 1010 Brooklyn
(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 Sept day 21 year 1943 hour 11 minute 40 M.
21. I hereby certify that I attended the deceased from Sept 18, 1943, to Sept 21, 1943
that I last saw her alive on Sept 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Heart Failure
Due to Hypertensive Heart Disease
Due to 93d
Other conditions (include pregnancy within 3 months of death)

Duration Few mins. un-known

Major findings:
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) (c) Means of injury
23. Signature George W. White (M.D. or other)
Address 2204 E. 18th St, K.C. Mo Date signed 9-25-43

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.....

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.