

OCT 14 1943

Registration District No. **140**

Primary Registration District No. **3024**

1. PLACE OF DEATH:

(a) County **Howard**

(b) City or town **Fayette**  
(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 years, months or days)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howard, 049**

(c) City or town **Fayette**  
(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 **Robert Hayden,**

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

4. Sex **Male** 5. Color or race **Black** 6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **Mary Patton,** 6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased **05 FEBRU 1898** unknown  
(Month) (Day) (Year)

8. AGE: **60** Years Months Days If less than one day  
hr. min.

9. Birthplace **Missouri, Howard County - 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer.**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Bob, Hayden**

13. Birthplace **Missouri Howard County**  
(City, town, or county) (State or foreign country)

14. Maiden name **Marlah Dinwittie,**

15. Birthplace **Missouri** 0  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Patton,**  
(b) Address **Fayette, Mo.**

17. (a) **Burial** (b) Date thereof **9-23rd 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City Cemetery**

18. (a) Signature of funeral director **Guy P. Halley**  
(b) Address **Fayette, Mo.**

19. (a) **9-24-1943** (b) **Carol M. William**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **22**  
year **1943** hour **6** minute **00 P** M.

21. I hereby certify that I attended the deceased from **Feb 1** 19**43** to **Sept 22** 19**43**  
that I last saw him alive on **Sept 21** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**  
**General debility**

Due to \_\_\_\_\_

Due to **93d**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Amputation - both lower**  
Of operations **eyes missed '43 Frozen**

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 **E. L. Coffey** (M. D. or other) **M.D.**  
Address **Fayette Mo** Date signed **9-23-43**

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

1321

OCT 20 1943

RECEIVED  
District Health Officer No: 84  
District File Number  
Date Filed 10-7-43

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 Guy T. Kacey  
Licensed Embalmer No. 2966  
P. O. Address Fayette 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.