V. S. No. 2
DM—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1944

Registration District No. 2

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4436

43462

State File No.

Registrar's No. 67

87
1
0

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

1. PLACE OF DEATH:

(a) County Ralls

(b) City or town New London, Mo.
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 87

(a) State Missouri (b) County Ralls /

(c) City or town New London 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JAMES HENLEY HADEN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white 0

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

6. (b) Name of husband or wife Emma

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased August (Month) 22 (Day) 1865 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	3	21	hr. min.

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

10. Usual occupation retired farmer

11. Industry or business

FATHER
12. Name Clifton B. Haden
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Frances Fuqua
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Robert Hamilton
(b) Address New London, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13-'43 (Month) (Day) (Year)
(c) Place: burial or cremation Barkley Cemetery

18. (a) Signature of funeral director O'Donnell Funeral Home
(b) Address New London, Mo.

19. (a) 12-21-43 (Date received local registrar) (b) R A Berking (Registrar's signature)

1171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1943 hour 12 minute 50 p.M.

21. I hereby certify that I attended the deceased from Dec, 9, 1943 to Dec. 11, 1943, that I last saw him alive on Dec. 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Angina Pectoris	2 hrs
Due to Intestional Obstruction	3days
Due to unknown	
Other conditions none known (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

1226

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

23. Signature C. H. Brooke 2 (M. D. or other) D.O.
Address Center, Mo. Date signed 12-19-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1944-44-113
Date Filed JAN 11 1944

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal, Missouri.

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, above space should be left blank.