

Registration District No. 210

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH

(a) County Pike
(b) City or town Louisiana
(c) Name of hospital or institution: Pike County Hospital
(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:

(a) State Mo (b) County Pike
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

LOTTIE E HAYDEN

3. (b) If veteran, name war _____

No

3. (c) Social Security No.

490-053960

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Shelly Hayden

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased (Month) 3

(Day) 14

(Year) 83

8. AGE:

61 Years 2 Months 5 Days If less than one day _____ hr. _____ min.

9. Birthplace

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

10. Usual occupation

office clerk

11. Industry or business

Benjamin Camper

12. Name

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

13. Birthplace

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

14. Maiden name

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

15. Birthplace

16. (a) Informant

Shelly Hayden

(b) Address

Louisiana Mo

17. (a)

Rural (Burial, cremation, or removal)

(b) Date thereof

5/21-44 (Month) (Day) (Year)

(c) Place: burial or cremation

Reverend Cemetery

18. (a) Signature of funeral director

[Signature]

(b) Address

Louisiana Mo

19. (a)

5/20-44 (Date received local registrar)

(b)

[Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 19-
year 1944 hour 4 minute 12 P M.

21. I hereby certify that I attended the deceased from 5-5 1944 to 5-19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: acute myocarditis

Due to Belated Virus
Due to Pneumonia

Other conditions (include pregnancy within 3 months of death)

Major findings: none 109/1
Of operations
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence none
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at _____ (Specify type of place)
(e) Means of injury

23. Signature [Signature] (M. D. or other)
Address Louisiana Mo Date signed 5/20/44

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

MF. 1955

RECEIVED
District Health Officer No. 10
District File Number 6-44-102
Date Filed JUN 9 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.....

George O. Wagner

....., Registered Apprentice No.

working under my personal supervision.

Signed *George O. Wagner*.....

Licensed Embalmer No. *3473*

P. O. Address *Deisiano, 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.