

8-43
17-39
X37823

FILED OCT 19 1944

Registration District No. 208

Primary Registration District No. 5761

Registrar's No. 79 50

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Palmyra Mo. R.F.D. Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jump
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Palmyra Mo.
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 13
year 1944 hour 7 minute A.M.
21. I hereby certify that I attended the deceased from
Jan - 1 1944 to Sept 23 1944
that I last saw him alive on Sept 8 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Artery Heart Disease
Due to: _____
Due to: 920
Other conditions: _____
(Include pregnancy within 3 months of death)

Duration
Physician
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Charles Haydon
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 9
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 5-17-1875
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 26 If less than one day hr. _____ min. _____

9. Birthplace: Hannibal Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation: Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name: Sidney Haydon
13. Birthplace: Ky. (City, town, or county) (State or foreign country) 1
14. Maiden name: Sarah Richards (City, town, or county) (State or foreign country) 1
15. Birthplace: Ky. (City, town, or county) (State or foreign country) 1

16. (a) Informant: James Haydon

(b) Address: County Infirmary Palmyra Mo.

17. (a) City Cemetary (b) Date thereof: 9-14-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Palmyra Mo.

18. (a) Signature of funeral director: A. M. Sprague

(b) Address: Palmyra Mo.

19. (a) 9-13-44 (b) Mrs. Margaret Thosd
(Data received local registrar) (Registrar's signature)

Major findings: _____
Of operations: _____
Of autopsy: _____

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: Wm. L. Luch (M. D. or other) 0
Address: Hannibal Mo. Date signed: 9-15-44

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

1142-1

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.....

R. M. Sprague

Licensed Embalmer No.....

999

P. O. Address.....

Palmyra 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11070

Registration District No. 208

Primary Registration District No. 5761

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Rural Liberty Twp
(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

3. (a) PRINT FULL NAME Charles Hayden

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife no information

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

7. Birth date of deceased May 17
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Year 1944 hour 2 minute 3 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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

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)
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

34758