

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5413

State File No. _____
Registrar's No. 47

Registration District No. 1 Primary Registration District No. 3000

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

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirkville Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
515 E. Normal
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community all her life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair
 (c) City or town Kirkville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 515 E. Normal
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LOLA R. HAYWARD
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7
 year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex F. **5. Color or race** W. **6. (a) Single, widowed, married, divorced** Widowed
6. (b) Name of husband or wife Dolph Hayward **6. (c) Age of husband or wife if alive** 52 years
7. Birth date of deceased 7-12-1892
 (Month) (Day) (Year)

Immediate cause of death Suicide **Duration** _____
shot her self in right temple with 27 cal. Rifle

8. AGE: Years 52 Months 6 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Felix M. Keel
13. Birthplace Pine Rock, Ala.
 (City, town, or county) (State or foreign country)
14. Maiden name Sophya Conley
15. Birthplace Kirkville Mo.
 (City, town, or county) (State or foreign country)

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.

16. (a) Informant Odette Propst
(b) Address Kirkville Mo

17. (a) Burial, cremation, or removal Burial **(b) Date thereof** 2/10/1945
 (Month) (Day) (Year)
(c) Place: burial or cremation Wald Hill

18. (a) Signature of funeral director Summers Powell
(b) Address Kirkville Mo

19. (a) 3-2-45 **(b) Mrs. J. L. Weyum**
 (Date received local registrar) (Registrar's signature)

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 3
23. Signature Foster P. Early (M. D. or other) _____
Address Bonchard Mo. **Date signed** 2-8-45

RECEIVED
District Health Officer No. 10
District File Number 3-45-392
Date Filed MAR 8 1945

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 W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Richsville

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.