U. S. No. 2
10M—5-42
Rev. 5-17-39
Form I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1945

Registration District No. 1602

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1602

State File No. 8615

Registrar's No. 1016

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

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 hr (Specify whether years, months or days)
In this community: 1 Hour

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Miami
(c) City or town: Edgerton, Kansas
(If outside city or town limits, write "RURAL")
(d) Street No.: R.R. #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Robert Louis Hayden
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August 18 (Month) 1939 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
5	6	15	hr. min.

9. Birthplace: Edgerton (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Child
11. Industry or business:
FATHER 12. Name: J. Bern Hayden
13. Birthplace: Edgerton, (City, town, or county) Kansas (State or foreign country)
MOTHER 14. Maiden name: Ruby Mayes
15. Birthplace: Spring Hill (City, town, or county) Kansas (State or foreign country)
16. (a) Informant: J. Bern Hayden
(b) Address: Edgerton, Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Gardner, Kansas
18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: Kansas City, Missouri
19. (a) 3-3-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 3
year: 1945 AS PATHOLOGIST 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.

Immediate cause of death	Duration
Toxemia	
Due to: Intestinal Obstruction	
Due to: Adhesions	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: as above	

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: Maurice L. Jones (M. D. or coroner)
Address: St Lukes Hosp Date signed: 3-3-45

(Licensed Embalmer's Statement on Reverse Side)

MAR 11 1948

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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address K. C. 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.