

FILED MAY 2 1945
Registration District No. 378

Primary Registration District No. 6298

State File No. _____
Registrar's No. 79

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

1. PLACE OF DEATH:

(a) County Wright County

(b) City or town Hartsville Rural Branchland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Her Home
7 miles Northeast of Hartsville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 15 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO.

(b) County Wright

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

(d) Street No. 7 miles Northeast of Hartsville
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SUSIE VADEN

(b) If veteran, name war _____

(c) Social Security No. None

4. Sex F

5. Color or race C.

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

(b) Name of husband or wife Lemon Vaden

(c) Age of husband or wife if alive 56 years

7. Birth date of deceased: 2 (Month) 5 (Day) 1889 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 5
year 1945 hour 3:00 minute _____ M.

21. I hereby certify that I attended the deceased from 1945 1945 to 4/1/45 1945
that I last saw h. or alive on 4/1/45 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

8. AGE: Years 56 Months 2 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

Due to _____

Due to _____

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

Major findings: Of operations AD

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Benjamin Johnson

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

14. Maiden name Martha Wilcox

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

16. (a) Informant Lemon Vaden

(b) Address Hartsville MO.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 4-8-45
(Month) (Day) (Year)

(c) Place: burial or cremation Office Room

18. (a) Signature of funeral director Gene E. Saldern

(b) Address Hartsville Mo

19. (a) 4/10/1945 (Date received local registrar)

(b) W. J. Wynn (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 _____

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

Address [Address] Date signed 4/1/45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 67

District File Number 545-512

Date Filed MAY 4 1945

JUN 19 1952

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 Gene E. Aldren

Licensed Embalmer No. 3865

P. O. Address Hartsville 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.