

FILED NOV 21 1945
Registration District No. **280**

Primary Registration District No. **4418**

Registrar's No. **14**

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

1. PLACE OF DEATH:
 (a) County Platte
 (b) City or town Carden Point Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 68 years

3. (a) PRINT FULL NAME Hayden Allen Biscoe
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Hattie Biscoe
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased November 16 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 10 20 hr. min.

9. Birthplace Carden Point Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business —

MOTHER, FATHER
 { 12. Name John A. Biscoe
 { 13. Birthplace Virginia
(City, town, or county) (State or foreign country)
 { 14. Maiden name Harriett Wallace
 { 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hattie Biscoe
 (b) Address Carden Point Missouri

17. (a) Burial (b) Date thereof 10/8/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carden Point Mo.

18. (a) Signature of funeral director Lillian Davis
 (b) Address Dearborn Missouri

19. (a) 10/8-1945 (b) Mr. Bphia Rollins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Platte 83
 (c) City or town Carden Point Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country —

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct. day 6
 year 1945 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 30, 1945, to October 6, 1945,
 that I last saw him alive on Oct 6, 1945,
 and that death occurred on the date and hour stated above.

Immediate cause of death cardiac insufficiency
 Duration 73 hrs.

Due to arteriosclerosis + Rheumatism

Due to myocarditis Duration 6 months

Other conditions Psychic depression
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Of operations 926
 Of autopsy —
 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 Robert R. Davis (M. D. or other) —
 Address Carden Point Mo. Date signed Oct 14/45

1488

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

Russian Davis

Licensed Embalmer No. *4160*

P. O. Address *Dearborn 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.