S. No. 2
M—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1946

State File No. 41216

Registration District No. 128 Primary Registration District No. 5465 Registrar's No. 1054

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural N. Campbell Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (8701 N. National) Route #1 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

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

(d) Street No. 560 W. Locust St., (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Allie Campbell ~~Hayden~~ HADEN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Walter Hayden

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

7. Birth date of deceased Nov (Month) UNK (Day) 1875 (Year)

8. AGE: Years 74? Months UNK Days UNK If less than one day ..... hr. ..... min.

9. Birthplace Greene Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At Home

12. Name Unk. McKinnis

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

14. Maiden name Unk. Echmondoe

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

16. (a) Informant F. G. Campbell

(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-45 (Month) (Day) (Year)

(c) Place: burial or cremation Bellevue Cem

18. (a) Signature of funeral director J. W. Klingner & Co.

(b) Address Springfield Mo.

19. (a) 12-22-45 (Date received local registrar) (b) Dr W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21, year 1945 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-14-45, 1945, to 12-19, 1945, that I last saw her alive on 12-19, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocardial insufficiency	2 yrs
Due to acute bronchitis	one week
Due to old age	
Other conditions Pleurisy of rt pleura (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

93d

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Mary Jean Atherton (M. D. or other)

Address 318 St Louis St. Date signed 12-22-45

Spfd., Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 16 1947

APR 9 1947

DEC 13 1955

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. Roy A. Clausin

Licensed Embalmer No. 1763

P. O. Address. Springfield 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
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Greene }

State File No.
Local Registrar's No. 1054

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8 day of July, 1947, before me appeared Frank G Campbell, who, upon his oath, states that the original record of ~~birth~~ death for Allie Campbell Haden, ~~born~~ died Dec. 21, 1945, in the State of Missouri, and which was filed at Springfield, Mo. on Dec. 22, 1945 should be corrected as follows:

Item No. 3 A. should read Allie Campbell Haden
Instead of " " Hayden

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frank G Campbell Son
Relationship.

Box 66 Springfield Mo.
Present Address.

Subscribed and sworn to before me this 8 day of July, 1947.

My Commission expires Sept. 29, 1950. L. A. Burns Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it

V. S. 135
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