

FILED JAN 8 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. **149**

Primary Registration District No. **4234**

Registrar's No. **34**

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

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Arcadia
(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

3. (a) PRINT FULL NAME George Cecil Hayman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or face white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Virginia Hayman 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased August 10 1897
(Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Rockville Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Agent-Telegrapher

11. Industry or business Missouri Pacific R.R.

MOTHER FATHER { 12. Name Joseph Grant Hayman
13. Birthplace Ark.
(City, town, or county) (State or foreign country)
14. Maiden name Emma Sollars
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Gerald Hayman
(b) Address Arcadia Missouri

17. (a) burial (b) Date thereof 12-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ironton Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address Arcadia Ironton Mo.

19. (a) 12-15-45 (b) Mrs. Ave. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1945 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from 10/21
19 15 to 12/9 19 45
that I last saw him alive on 10/9/45 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Hoey

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) _____
(Specify means of injury)

23. Signature [Signature] (M. D. or other) _____
Address Ironton, Missouri Date signed 12/10

ECEIVED

District Health Officer No. 4
District File Number 146-1474
Date filed 1-6-46

JAN 10 1946

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 Lucel J. White
Licensed Embalmer No. 3012
P. O. Address Dartmouth

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.