

FILED APR 22 1946

Registration District No. **68**

Primary Registration District No. **4119**

Registrar's No. **38**

1. PLACE OF DEATH

(a) County **Christian**
(b) City or town **Ozark Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **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 **2 yrs** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Christian**
(c) City or town **Ozark Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Harry W. Hayward, Sr.**

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

4. Sex **Male** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Miss Susie E. Hayward** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased: **April 25 1862**
(Month) (Day) (Year)

8. AGE: Years **83** Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace **Edison N.H.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Claudia L. Hayward**

13. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry Hayward, Jr.**

(b) Address **Walnut Shade Mo**

17. (a) **Burial** (b) Date thereof **Feb 15-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Shade Mo**

18. (a) Signature of funeral director **T. B. Chappin**

(b) Address **Ozark Mo**

19. (a) **Apr 1-1946** (b) **Luella Leonard**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **13**
year **1946** hour **1** minute **15** P. M.

21. I hereby certify that I attended the deceased from **Feb 10** 19**46** to **Feb 13** 19**46**;
that I last saw him alive on **Feb 13** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **3 days**

Due to **Chronic Endo Carditis**

Due to _____

Other conditions (include pregnancy within 5 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 **R. R. Farthing** (M. D. or other) _____

Address **Ozark Mo** Date signed **3-11-46**

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

2
9
0

11463

MOTHER FATHER

RECEIVED

Sanitary Health Officer No. 6,
District File Number 446-517
Date Filed APR 17 1946

SEP 5 1947

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.