No. 2
—5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 36664

Registrar's No. 926

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution:
1414 E. Atlantic St.,
(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 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1414 E. Atlantic St. 6
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Herbert Hyden

3. (b) If veteran, name war .....

3. (c) Social Security No. 493-14-3804

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lena Hyden

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Nov. (Month) 30 (Day) 1907 (Year)

8. AGE:

Years	Months	Days	If less than one day
39	0	17	hr. min.

9. Birthplace ? (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Ware House employee

11. Industry or business Laborer

FATHER
12. Name John Hyden 0
13. Birthplace ? (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ? (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. May King
(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cem.

18. (a) Signature of funeral director J W Klingner & Co
(b) Address Springfield Mo.

19. (a) 11-18-46 (Date received local registrar) (b) W E Hardley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-~~18~~- day 17
year 1946 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from no physician in attendance 19 ;
that I last saw h..... alive on ..... 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia

Due to Caught in burning house

Due to .....

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

Major findings:
Of operations 141
Of autopsy 15

Duration

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) Accident 133

(b) Date of occurrence 11-17-46

(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In the home (Specify type of place)
While at work? no (e) Means of injury Fire

23. Signature Murray C Stone Coroner (M. D. or other) 3
Address Springfield Mo Date signed 11-18-46

111

(Licensed Embalmer's Statement on Reverse Side)

JAN 26 1949

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.

Not Embalmed.

Signed Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.