DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 9 1947

Registration District No. 38

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39598

Primary Registration District No. 3006

Registrar's No. 311

1. PLACE OF DEATH:

(a) County: Boone

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

(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)

In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone 10

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

(d) Street No.: Columbia RFD #4
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Minerva M Hayden

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Female

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Nov (Month) 18 (Day) 1916 (Year)

8. AGE: Years 30 Months 1 Days 4 If less than one day hr. min.

9. Birthplace: O (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Forrest Hayden
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Edna Lomaster
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Edna Hayden
(b) Address: Columbia, Mo. RFD

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-24-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Bonne Femme Cem.

18. (a) Signature of funeral director: Wm L Burnett
(b) Address: Ashland, Missouri

19. (a) 12-23-46 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22 year 1946 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-20, 1946 to 12-22, 1946 that I last saw her alive on 12-22, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: H. B. Fryer (M. D. or other)

Address: Ashland Mo Date signed 12-22-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JAN 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 Wm C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.