

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20429**

FILED JUN 30 1947

Registration District No. **82**

Primary Registration District No. **4144**

Registrar's No. **98**

1. PLACE OF DEATH:

(a) County **Cooper**

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

(c) Name of hospital or institution: **none**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none**  
(Specify whether years, months or days)

In this community **25 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper**

(c) City or town **Pleasant Grove**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **HAROLD-ROBERT-HAYDEN**

3. (b) If veteran, name war **WAY II** **yes**

3. (c) Social Security No. **720-12-3227**

4. Sex **Male** 5. Color of race **w.**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **none**

6. (c) Age of husband or wife if alive **none** years

7. Birth date of deceased **Jan - 27 - 1910**  
(Month) (Day) (Year)

8. AGE: **37** Years **4** Months **19** Days **4** hr. **4** min.

9. Birthplace **Alva Okla.**  
(City, town or county) (State or foreign country)

10. Usual occupation **Farm.**

11. Industry or business **none**

12. Name **John Hayden**

13. Birthplace **Polk Co. Mo.**  
(City or town or county) (State or foreign country)

14. Maiden name **Alma Mager**

15. Birthplace **Polk Co. Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John Hayden**

(b) Address **Pleasant Grove Mo**

17. (a) **burial** (b) Date thereof **6-17-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Grove**

18. (a) Signature of funeral director **Walter D. Hoover, M.D.**

(b) Address **1111 W. 1st St., Mo**

19. (a) **6-16-47** (b) **D. Hoover**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16** year **1947** hour **12** minute **12 A.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxiation**

Due to **struck by train**

Due to \_\_\_\_\_

Other conditions **169-8**  
(Include pregnancy within 3 months of death)

Major findings: **no**

Of operations: **no**

Of autopsy: **no**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 27**

(b) Date of occurrence **6/16/47**

(c) Where did injury occur? **Pleasant Grove Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Roadside track**

While at work? **no** (Specify type of place) (c) Means of injury **0**

23. Signature **M.D. Hoover** (M. D. or other) **M.D.**

Address **Pleasant Grove Mo** Date signed **6/16/47**

**Cooper County**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed 6-27-47

NOV 24 1947

JUL 2 1947

JUL 14 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

*Arthur E. Mayo*

Licensed Embalmer No.

2074

P. O. Address

*1101 Grove St.*

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.