No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37134

State File No.

FILED DEC 15 1947

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1436

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1918 So. 6th St.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Lifetime (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1918 So. 6th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Hayward
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Benjamin
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased January 13, 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 16 If less than one day hr. min.

9. Birthplace Halleck, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business Home
FATHER
12. Name Asher King
13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Amanda Likens
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
16. (a) Informant Benjamin Hayward (son)
(b) Address 2331 So. 10th St., City
17. (a) Burial (b) Date thereof 12/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director John E. Schepp
(b) Address 6054 Pryor Ave., City
19. (a) 12-9-47 (b) E. C. Jenkins 3822
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 29th
year 1947 hour 2 minute A, M.
21. I hereby certify that I attended the deceased from Viewed
Nov 29th, 1947, to, 19
that I last saw h alive on, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Insufficiency

Due to

Due to

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

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 3
23. Signature B. W. Tadlock (M. D. or other) Coroner
Address King Hill Bldg Date signed 12/2/47
St. Joseph, Mo.

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.