

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV. 18 1947
Registration District No. 47

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 3008

37283
State File No.
Registrar's No. 385

1. PLACE OF DEATH:
(a) County CALLAWAY
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
FULTON RFD. 3 Callaway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community LIFE (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CALLAWAY
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. FULTON, MO. R.F.D. 3
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LURA HAYDEN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 29
year 1947 hour 12 minute 05 P.M.
21. I hereby certify that I attended the deceased from Oct 27 1947
to Oct 29 1947
that I last saw her alive on Oct 29 1947
and that death occurred on the date and hour stated above.

4. Sex 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 AUG. 6 1876
(Month) (Day) (Year)

Immediate cause of death
Pulmonary emboli?
Due to Fracture of Femur
Due to a fall on the floor
by accident
Other conditions Paralysis of
(Include pregnancy within 3 months of death)
General paresis during

8. AGE: Years Months Days If less than one day
71 2 23 hr. min.
9. Birthplace CALLAWAY CO. MO.
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEKEEPER

PHYSICIAN
ADDITIONAL
SUGGESTED
INFORMATION
REQUIRE D
Major findings:
Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name J. T. HAYDEN
13. Birthplace Boone Co. MO.
(City, town, or county) (State or foreign country)
14. Maiden name DEMPSEY DUNCAN
15. Birthplace CALLAWAY CO. MO.
(City, town, or county) (State or foreign country)
16. (a) Informant A. R. HAYDEN
(b) Address Fulton Mo
17. (a) BURIAL (b) Date thereof OCT. 31, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MILLERSBURG.
18. (a) Signature of funeral director John G. Manger
(b) Address 712 Court Fulton Mo
19. (a) OCT 31 47 (b) Joace Mours
(Date received local registrar) (Registrar's signature)

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 ✓
Signature [Signature] (M. D. or other) ✓
Address Fulton MO Date signed 11-1-47

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

RECEIVED
District Health Officer No. 9,
District File Number 11-17-47
Date Filed

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.....

Theodore Skinner, Jr., Registered Apprentice No. 575
working under my personal supervision.

Signed Glen Y. Mauhin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1111
Registrar's No. 381

Registration District No. 47 Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Payal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME Lura Hayden

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

4. Sex J- 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____ mo. _____ day _____ hr. _____ min.

7. Birth date of deceased aug 6 (Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 13 (If less than one day, hr. _____ min. _____)

9. Birthplace _____ (City, town, or county) (State or foreign country) mo

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

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 Oct 24 - 1947

(c) Where did injury occur? Her own home - ex farm. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Own home (Specify type of place) (e) Means of injury a fall

23. Signature _____ (M. D. or other)

Address Fulton Mo Date signed 11/25/47

SUPPLEMENTARY 29

R. M. Crown
Fulton, Mo

37283