

FILED NOV 25 1947

Registration District No. **116**

Primary Registration District No. **3020**

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

1. PLACE OF DEATH:

(a) County Franklin  
 (b) City or town Washington  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution  
437 E. 5th St. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none  
(Specify whether  
 In this community 31 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin  
 (c) City or town Washington  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 437 E. 5th St. 2  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country none

3. (a) PRINT FULL NAME WILLIAM HAY DARK

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced, widowed  
 6. (b) Name of husband or wife Anna Haydark  
 6. (c) Age of husband or wife if alive ✓ years  
 7. Birth date of deceased May 28, 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>5</u>	<u>20</u>	hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Transportation

11. Industry or business ✓

12. Name Frank Haydark

13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Gleinacher

15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charlie Hanna

(b) Address St. Louis, Mo.

17. (a) burial (b) Date thereof 11-21-47  
(Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Otto & Co.

(b) Address Washington, Mo.

19. (a) 11-19-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18  
 year 1947 hour 1 minute 30 a.m.

21. I hereby certify that I attended the deceased from 3/21, 1946, to 11/18, 1947;  
 that I last saw him alive on 10/18, 1947;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion (embolism) Duration 3

Due to Coron. Mitral & Tricuspid insufficiency with left & right ventricular hypertrophy 8 yrs -

Due to ventricular fibrillation 12 yrs -

Other conditions arteriosclerosis, general 15 yrs -

Major findings: Of operations ---

Of autopsy ---

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 ---

23. Signature Michael H. Pfeiffer (M. D. or other) Date signed 11/19/47

Address Washington, Mo.

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed NOV 24 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 Maurice D. Willenbrink, Registered Apprentice No. 442 working under my personal supervision.

Signed [Signature]  
Licensed Embalmer No. 2464  
P. O. Address Washington, 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.