S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 20 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37729

Registration District No. 128 — Primary Registration District No. 2 000 — Registrar's No. 912 B

1. PLACE OF DEATH:
(a) County Green
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Died enroute to St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution dead on arrival (Specify whether)
In this community 3 months (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 53 0
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Plato Star Rt.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mantle Adell Hayward
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 9 (Day) 1947 (Year)

8. AGE: Years | Months 3 | Days 12 | If less than one day hr. min.

9. Birthplace Huntsville (City, town, or county) Texas (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Joseph B Hayward
13. Birthplace Westplains (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Myrtle A Smith
15. Birthplace Birdsnest (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Myrtle A. Hayward
(b) Address Plato Star Rt.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 (Month) 22 (Day) 1947 (Year)
(c) Place: burial or cremation Westplains Mo.
18. (a) Signature of funeral director Palmers
(b) Address Lebanon Mo.
19. (a) 10-24-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21 year 1947 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from Unattended 19 to by the physician 19 ; that I last saw h alive on 19 ; and that death occurred on the date and hour stated above.

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

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 0

23. Signature W. E. Handley Local Registrar (M. D. or other)
Address Spgfld Mo Date signed 10/24/47

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 S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.