

No. 2
-5-43
5-17-39
X36671

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

State File No.
Registrar's No. 30

FILED FEB 5 1948

Registration District No. 38 Primary Registration District No. 3006

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
Granau Convalescent Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Years
(Specify whether years, months or days)

In this community 2 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. 1408 University Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH HAYDEN

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. Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 9 - 22 - 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 6
If less than one day hr. _____ min. _____

9. Birthplace Boonville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Emmett R. Hayden

13. Birthplace Boonville Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Alice Scott

15. Birthplace Jefferson City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary C. Cowan

(b) Address Sunset Hill, Columbia, Mo.

17. (a) Cremation (b) Date thereof 1-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Palmer Funeral Service
Columbia, Mo.

(b) Address _____

19. (a) 1-28-47 (b) M. R. & Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28
year 1948 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from November 1947 to January 27, 1948
that I last saw her alive on January 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary edema Duration 6 hrs

Due to cardiac decompensation

Due to chronic myocarditis arteriosclerosis

Other conditions general debility
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 9375

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 _____

(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 Charles A. Leedy (M. D. or other) M.D.
Address Columbia, Mo. Date signed Jan 28, 1948

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed FEB 3 1948

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 *M. W. McPeters*
Licensed Embalmer No. *3893*
P. O. Address *Calumet, Mich*

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. !