

S. No. 2
1-8-43
5-17-39
P 1 7823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13090
1-1-30

State File No. _____

FILED MAY 5 1948

Registration District No. 56

Primary Registration District No. 200

Registrar's No. _____

1. PLACE OF DEATH:

(a) County WASHER
(b) City or town Waverly, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 1/2 hrs. (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County OSAGE
(c) City or town WALTON
(If outside city or town limits, write "RURAL")
(d) Street No. RTE. 2 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Bertha Hayward

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex F 5. Color or race W. Cau. 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife Frank Hayward 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased: Dec 28 1882
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace: Greenfield MO. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry of business at home

12. Name of father James S. Clarkson

13. Birthplace of father No Record (City, town, or county) (State or foreign country)

14. Maiden name of mother Manerina Zimmerman

15. Birthplace of mother No Record (City, town, or county) (State or foreign country)

16. (a) Informant Bertha Hayward

(b) Address Rt. 2, Walton, Kans

17. (a) Removal (b) Date thereof 3-23-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill Crest Cem.

18. (a) Signature of funeral director Robert L. Sampson

(b) Address Walton, Kans

19. (a) 3-29-48 (b) Salvina Sampson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20, year 1948 hour 10:55 minute am

21. I hereby certify that I attended the deceased from Mar 19 1948 to 20 Mar 1948

that I last saw her alive on 20 Mar 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 36 hrs.

Due to Atherosclerosis

Due to _____

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

Major findings: Of operations None

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) 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 Robert L. Sampson (M. D. or other) MD

Address Walton, Kans Date signed 20 Mar 48

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

Laura E. Lerman
....., Registered Apprentice No.....
working under my personal supervision.

Signed *F. M. Goye*

Licensed Embalmer No. *2369*

P. O. Address *Jefferson Ave*

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.