

FILED NOV 15 1948

Registration District No. **270**

Primary Registration District No. **3050**

Registrar's No. **80**

1. PLACE OF DEATH:

(a) County **Deming**
(b) City or town **Caruthersville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**

(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 **Wm. B. Hayden**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Beatrice Hayden** (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **Feb. 27 1898**
(Month) (Day) (Year)

8. AGE: Years **49** Months **10** Days **5** If less than one day hr. min.

9. Birthplace **Chenault Co. Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Druggist**

11. Industry or business _____

12. Name **Rulson Hayden**

13. Birthplace **Caruthersville, Ind.**
(City, town, or county) (State or foreign country)

14. Maiden name **Susan S. Parbo**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Beatrice Hayden**

(b) Address **Caruthersville, Mo.**

17. (a) **Burial** (b) Date thereof **Nov 4 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Little prairie**

18. (a) Signature of funeral director **T. E. High Inc. Co.**

(b) Address **Caruthersville, Mo.**

19. (a) **11-12-48** (b) **Jessie B. Walker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Deming**
(c) City or town **Caruthersville**
(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 **Nov.** day **2**
year **1948** hour **4** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Nov. 2, 1948** to **Nov. 2, 1948**,
that I last saw him **dead when I arrived.** alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion.** Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations **9/40** PHYSICIAN _____

Of autopsy _____ 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? **Yes** (Specify type of place) (e) Means of injury _____

23. Signature **D. Hipp** (M. D. or other) **11/9/48**

Address **Caruthersville, Mo.** Date signed _____

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

MOTHER FATHER

11-48-312

AUG 4 1949

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 *Noel E Deane*

Licensed Embalmer No. *3941*

P. O. Address *Canthersville*
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: