

FILED APR 10 1942

Registration District No. **347**

Primary Registration District No. **3018**

Registrar's No. **70**

42
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Henry

(b) City or town: Clinton Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mrs Rains Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5
(Specify whether years, months or days)

In this community 3 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: Sallie Ann Hayden

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

4. Sex: Female

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: Feb 26-1968
(Month) (Day) (Year)

8. AGE: Years 73 Months 19 Days _____ If less than one day hr. _____ min. _____

9. Birthplace: Chillicothe, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Wife

11. Industry or business: _____

12. Name: Wilson

13. Birthplace: _____
(City, town, or county) (State or foreign country)

14. Maiden name: _____

15. Birthplace: _____
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Rains

(b) Address: Clinton Mo

17. (a) Burial (b) Date thereof: Mar 16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Englewood

18. (a) Signature of funeral director: Spase & Son

(b) Address: Clinton, Mo.

19. (a) March 16, 1942 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature) J.K.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Henry **042**

(c) City or town: Clinton
(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: _____ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1942 hour 2-40 P Minute _____ M.

21. I hereby certify that I attended the deceased from 2-20-42 19____ to 3/14/42 19____
that I last saw h. or alive on 3-9-42 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Senile Dementia
Atheroma

Due to _____

Due to _____

Other conditions: None
(Include pregnancy within 3 months of death)

162h

PHYSICIAN

Major findings: None

Of operations: _____

Of autopsy: None

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): No

(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? _____

23. Signature: E. R. Peltor M.D.
Address: Clinton, Mo. 3/16/42 Date signed _____
(Specify type of place) (e) Means of injury _____

1049

RECEIVED

District Health Officer No: 71

District File Number 4-42-311

Date Filed 4-7-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.