No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4271

FILED MAR 3 - 1947

Registration District No. 5-4947 Primary Registration District No. 4097 Registrar's No. 26.

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community 6 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Idaho (b) County Ada
(c) City or town Boise
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGIA BLANCHE HAYDEN
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Daniel A. Hayden
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 27 (Day) 1868 (Year)

8. AGE: Years 78 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Sweet Springs (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant W. Hayden
(b) Address Caldwell Okla
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 18 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Enid Okla
18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, Mo
19. (a) Feb. 17-1947 (Date received local registrar) (b) Dorma J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 year 1947 hour 2:45 minute A. M.
21. I hereby certify that I attended the deceased from Sept 1946, 19..., to Feb 27, 1947
that I last saw her alive on Feb 17, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Due to Senility, Arteriosclerosis and Hemiplegia	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Harry B. Smith M.D. (M. D. or other)
Address Harrisonville, Mo. Date signed 2-17-47

(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 Ernest Nunnenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.