

Social Security No.

If Veteran Name War

FULL NAME

Place of Death

Co. Sag.

Twp.

City Chesaning

Hospital

Length of Stay in Hospital

In This Community

Place of Abode

State Mich

Co. Sag.

Twp. Chesaning

Village

Citizen

Name Country

R

Sex | Race | Single | Married | Widowed | Divorced

M | W | | | W |

Name of Husband or Wife

Age if Alive

Abner Hayden

Date of Birth

Oct 23 - 1864

AGE Years | Months | Days | If Less Than One Day

78 | 11 | 26 | Hrs. | Min.

Birthplace St Johns Mich

Occupation Farmer Industry

Father's Name Edwin C Hayden

Birthplace Delta Mich

Mother's Maiden Name Martha B eggs

Birthplace Galien Ohio

Informant Add Hayden Address Chesaning

Place of Burial Chur. Cem. Wildwood Date Oct 21

Clergyman

Date of Death Oct 18 Time 11:20 P.M. 2 P.M. Oct 21 M.

Physician

Funeral Home

Duration of Treatment

Cause of Death

Filed

19

Registrar

Remarks

Certificate Signed by

CHESANING, MICH. Oct 19 19 43

M. Frank E Hayden Est

for Frank Hayden

IN ACCOUNT WITH

WALKER FUNERAL HOME

MORTICIANS

Phone 195F2

Date	ITEMS	Amount	Date	Payments
Oct 18/43	Embalming and Services		Jan 24/44	
" 19	Box or Vault.....		Chur	
" 19	Casket and Services.....	200 00	Cash	
" 21	Hearse		Chas Webb	210 00
" 19/43	Auto.....			
" 19	Burial Clothes			
	Flowers			
	Clergyman			
" 21	Sexton	10 00		
	Singers			
	Tent and Linings			
	Misc. Equipment			
	Chairs			
	State Sales Tax			
Total Amount of Bill....		210 00		210 00

Terms of Settlement

The foregoing bill is correct and I hereby become responsible for the payment of the same:

Signed