

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1938 16

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43314  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 398  
 (b) Township Indep. Sanitarium Primary Registration District No. 3019 Registered No. 360  
 (c) City Indep. Sanitarium St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Adeline Stevens Haines  
 (a) Residence, No. 923 N. Main Indep. Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Haines

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21-1855

7. AGE YEARS 83 MONTHS 11 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. at home  
 10. Date deceased last worked at this occupation (month and year) Life time 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County Missouri

FATHER 13. NAME James Stevens  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. 1

MOTHER 15. MAIDEN NAME Amanda  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. 1

17. INFORMANT (ADDRESS) Jess Haines 917 N. Main

18. BURIAL, CREMATION, OR REMOVAL PLACE Indep. Mo. DATE 12-26 1938

19. FUNERAL DIRECTOR (ADDRESS) Chas. Mitchell Independence

20. FILED 12-29-1938 J. L. Cook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25-1938

22. I HEREBY CERTIFY, That I attended deceased from 12/1 1938 to 12/23 1938  
 I last saw her alive on 12/23 1938. Death is said to have occurred on the date stated above, at 9 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Thrombosis  
Ch. Nephritis  
" Myocarditis  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: Senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. Bellman M. D.  
 (Address) 10307 Indep Ave Kemo

---

---

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**