

REC'D FEB 23 1939

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

2637

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
(b) Township Carthage Primary Registration District No. 3020 Registered No. 6  
(c) City Carthage (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred 57 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

William Sherman Havens  
(a) Residence, No. 416 S. Mc Gregor 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 male 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 Gora Virginia Havens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
73 10 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Foreman of Compositing Room Carthage Press  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) Jan 2, 1939 11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scottsville Missouri13. NAME John H. Havens14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbyville Indiana15. MAIDEN NAME Chloe L. Adams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eric Ohio17. INFORMANT (ADDRESS) Paul Havens Carthage, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Cemetery DATE Jan. 10, 193919. FUNERAL DIRECTOR (ADDRESS) Wm. Mortuary Carthage, Mo.20. FILED Jan. 10, 1939 E. J. McIntire, M. D. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1939, to Jan 7, 1939. I last saw him alive on Jan 7, 1939. Death is said to have occurred on the date stated above, at 9:30 A. m.  
The principal cause of death and related causes of importance were as follows:

Influenza Date of onset Jan 7, 1939  
Myocardial infarction 1929

Other contributory causes of importance: 137

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Chincol Was there an autopsy? No

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) W. H. Webster, M. D.

(Address) Carthage, Mo. 865

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.

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RECEIVED

District Health Officer No. 6,

District File Number 6-39-380

Date Filed FEB 17 1939

**STATEMENT BY LICENSED EMBALMER**

I, P. W. K. Mullen, Licensed Embalmer No. 814

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed P. W. K. Mullen  
Licensed Embalmer No. 814

**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.)**