

1939 AUG 3 1939

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

26402
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 618
(b) Township Nodaway Primary Registration District No. 8920
(c) City or Town _____ (d) Street No. _____ 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

Frances Angeline Hainline
(a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Calvin Hainline
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1852
7. AGE YEARS 87 MONTHS _____ DAYS 25 If LESS than 1 day, _____ hrs. or _____ 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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ind. |

FATHER 13. NAME Benjamin Shaffer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky |

MOTHER 15. MAIDEN NAME Elizabeth Huff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. B. K. Ferguson
Buttington Jet. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wiley Cemetery DATE 7-11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Prior Funeral Home
Manville Mo

20. FILED July 29, 1939 J. R. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1939

22. I HEREBY CERTIFY that I attended deceased from July 1, 1939 to July 9, 1939
I last saw him alive on July 6, 1939. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Chr. Myo carditis
Date of onset June 19, 1939

Other contributory causes of importance: 93C
Septicemia
asthma

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? no
If so, specify _____
(Signed) S. H. D. [Signature], M. D.
549 (Address) Buttington Jet. Mo

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.

RECEIVED

District Health Officer No. 14

District File Number 239-928

Date Filed JUL 31 1939

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

Clum M. Price

Registered Apprentice No.

working under my personal supervision.

Signed

Clum M. Price

Licensed Embalmer No.

1822

P. O. Address

Maryville, V

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.