DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40257

Registration District No. 561 | Primary Registration District No. 4330 | Registrar's No. 80

1. PLACE OF DEATH:
(a) County: Miller
(b) City or town: Eldon (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: neither (Specify whether)
In this community: 68 yrs 3 mos (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Miller
(c) City or town: Eldon (If outside city or town limits, write "RURAL")
(d) Street No.: #1 - 5th Street (If rural, give location)
(e) ~~If foreign born~~, how long in U. S. A.? American years.

3. (a) PRINT FULL NAME: Oliver Jefferson Haynes
3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Margaret Atkinson - Haynes
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: August 24 1871. (Month) (Day) (Year)

8. AGE: Years 68 | Months 3 | Days 0 | If less than one day ___ hr. ___ min.

9. Birthplace: Miller Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Own Farm
12. Name (FATHER): Joel Jefferson Haynes
13. Birthplace (FATHER): Miller Co (City, town, or county) Missouri (State or foreign country)
14. Maiden name (MOTHER): Anna Miller
15. Birthplace (MOTHER): Cedar Co. (City, town, or county) Mo (State or foreign country)
16. (a) Informant's own signature: Belle Haynes
(b) Address: Eldon Miller Co. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 26. 39 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Eldon Cemetery
18. (a) Signature of funeral director: Phillip's Funeral Home
(b) Address: Eldon Mo
19. (a) Nov 24 1939 (Date received local registrar) Belle Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov day: 24 year: 1939 hour: 1 minute: 10 A.M.

21. I hereby certify that I attended the deceased from Aug 15, 1939 to 11/24, 1939 and that I last saw him alive on 11/23, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Rectum — Duration: 2
Due to: Internal Hemorrhoids — 2
Due to:
Other conditions (Include pregnancy within 3 months of death): 46
Major findings: Of operations:
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: [illegible] Walker (M. D. or other) MD
Address: Eldon Mo Date signed 11/24/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19811

[illegible] Health Dept.
[illegible]
Certificate Number 39-138
Date Filed 12-11-39

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 Louis D. Phillips, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis D Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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, above space should be left blank.