

JUL 15 1940

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

21738
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
 (b) Township 0 Primary Registration District No. 2001 Registered No. 514
 (c) City Springfield, Mo. (d) Street No. 641 S. Pickwick 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 Nely in White Haymes

(a) Residence, No. 641 S. Pickwick 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Caughran

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1849

7. AGE YEARS 91 MONTHS 0 DAYS 26 If LESS than 1 day, hrs. or min.

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

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

13. NAME John F. Haymes

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Lucinda Ziegler

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Tenn.

17. INFORMANT Miss Dora Haymes (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshfield, Mo DATE June 13 1940

19. FUNERAL DIRECTOR (NAME) R. E. Thurman & Co. (ADDRESS) Republic, Mo.

20. FILED June 13 1940 W. E. Sandley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1940

22. I HEREBY CERTIFY, That I attended deceased from June 4 1940 to June 11 1940. I last saw him alive on June 11 1940. Death is said to have occurred on the date stated above, at 8:45 m. The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
Anemia
Prostate Hypertrophy

Other contributory causes of importance: None
 Name of operation None 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 No

24. Was disease or injury in any way related to occupation of deceased? If so, specify James E. Drury (Signed) M. D. (Address) Medical Arts Bldg

Springfield Mo.

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.

I X16625

JUL 21 1948

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

P. O. Address.....

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.

X