

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42970  
Registrar's No. 26

JAN 8 1941  
Registration District No. 426

Primary Registration District No. 5581

1. PLACE OF DEATH:  
(a) County Johnson  
(b) City or town Rural Chilhowee  
(c) Name of hospital or institution:   
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Johnson  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 1/2 Miles S.E. of Holden  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Cora Stacy Rhea Haun  
8. (b) If veteran, name war  8. (c) Social Security No.   
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife T. A. Haun 6. (c) Age of husband or wife If alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 28 1968  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 25  
year 1940 hour 9:00 minutes 20 P. M.  
21. I hereby certify that I attended the deceased from Jan 4, 1937, to Dec 25, 1940;  
that I last saw her alive on Dec 25, 1940,  
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 11 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Carcinoma of liver with metastasis  
Due to \_\_\_\_\_  
Due to 46

9. Birthplace Whitesburg Tenn.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Cit Home

Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name David Rhea  
13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Minerva Horner  
15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

16. (a) Informant's own signature Martha R Haun  
(b) Address Holden Mo #1  
17. (a) Burial (b) Date thereof Dec 28-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Hill Cemetery Warrensb  
18. (a) Signature of funeral director M. G. Gibbman  
(b) Address Holden Mo  
19. (a) DEC 30 1940 (b) D. L. Bloom  
(Date received local registrar) (Registrar's signature)

23. Signature Kelly Rawlins (M. D. or other) \_\_\_\_\_  
Address Holden Mo Date signed 12/27/40

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.

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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 Samuel B. Ropp.  
Licensed Embalmer No. 4044  
P. O. Address Holden Wis

**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.**