DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44024

Registration District No. 814 — Primary Registration District No. 4490 — Registrar's No. 4

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Benton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Benton Missouri. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Scott
(c) City or town Benton (If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) If foreign born, how long in U. S. A.? U.S.A. years.

3. (a) PRINT FULL NAME Richard Hunter Haw.
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug 28th 1917 (Month) (Day) (Year)

8. AGE: Years 23 | Months 3 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Benton Missouri (City, town, or county) (State or foreign country)
10. Usual occupation .....
11. Industry or business ..... V 0
FATHER
12. Name Urial P. Haw. 0
13. Birthplace Charleston Missouri (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Mabel Hunter.
15. Birthplace Commerce. Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Jos. Haw. (Brother)
(b) Address Bernie. Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7th 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Benton Missouri
18. (a) Signature of funeral director [signature]
(b) Address [signature]
19. (a) 12-9-40 (Date received local registrar) (b) Lyman Foulks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5th year 1940 hour Between 4 and 6 minute P.M.
21. I hereby certify that I attended the deceased from X, 19..., to X, 19...; that I last saw h..... alive on X, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death MOTOR VEHICLE EXHAUST GAS

Due to (SUICIDE) Found Dead in Auto.

Due to .....

Other conditions (Include pregnancy within 3 months of death) 164

Major findings: Of operations .....

Of autopsy None

Duration

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) Suicide
(b) Date of occurrence Dec 5th 1940
(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? About Residence (Specify type of place)
While at work? X (e) Means of injury .....
23. Signature [signature] (M. D. brother)
Address Oran Missouri Scott County. Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 141-125
Date Filed 4/16/41

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 Harry S. Johnson
Licensed Embalmer No. 3704
P. O. Address Lexington Mo

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

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STANDARD CERTIFICATE OF DEATH

State File No. 44024

Registration District No. 814 Primary Registration District No. 4490 Registrar's No.

1. PLACE OF DEATH:

(a) County: Scott

(b) ~~City or town~~: Benton Town
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Richard Hunter Hall

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 23 Months 3 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation: Hospital orderly

11. Industry or business: #4, Farmington, Mo

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 2-19-41 (Date received local registrar) (b) Lyman Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 - year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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: Clyde Poe Coroner (M.D. or other)
Address: Farmington, Mo. Date signed

SUPPLEMENTARY