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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1775

FEB 14 1941 85

Registration District No. ____ Primary Registration District No. 1001 Registrar's No. 3

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

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1. PLACE OF DEATH:

(a) County BUCHANAN CO.

(b) City or town ST-JOSEPH. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: EMPIRE-TRUST-BLDG-16 & EDMOND (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) 30 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUCHANAN

(c) City or town ST-JOSEPH (If outside city or town limits, write "RURAL")

(d) Street No. EMPIRE-TRUST-BLDG. 6 & Edmond (If rural, give location)

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

3. (a) PRINT FULL NAME ULYSSES-S-HAYNES.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henrietta V. Haynes

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

7. Birth date of deceased Feb. (Month) 5 (Day) 1863 (Year)

8. AGE: Years 77. Months 10 Days 26 If less than one day ____ hr. ____ min.

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

10. Usual occupation Optical Salesman

11. Industry or business ____

FATHER
12. Name John H Haynes
13. Birthplace Unk Enowan (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary E Unk
15. Birthplace Unk (City, town, or county) 9 (State or foreign country)

16. (a) Informant Howard D Haynes

(b) Address 4701 Pasco KC Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 4 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial PK Cem

18. (a) Signature of funeral director Roy Stamey

(b) Address St Joseph Mo

19. (a) Jan 3, 1941 (Date received local registrar) (b) H. J. Nestlebush M. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 1st year 1941 hour 10:30 minute P M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Jan 2nd, 1941, to ____, 19__; that I last saw h[illegible] ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage General arteriosclerosis

Due to ____

Due to ____

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

Major findings:
Of operations ____
Of autopsy no

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) ____

(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? 8 (Specify type of place)

While at work? ____ (e) Means of injury 3

23. Signature H F Mundy (M. D. or other) Corner MD.

Address 404 So 3d St ST. JOSEP Date signed 1/3/41

(Licensed Embalmer's Statement on Reverse Side)

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 John H. Hurley, Registered Apprentice No. ....., working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No. 405-6

P. O. Address St Joseph Mo.

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, fact should be so stated above.