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FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 2235

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 10

1. PLACE OF DEATH: Clay

(a) County Clay

(b) City or town Excelsior Springs, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 days  
(Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Higginsville, Mo.  
(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 James Lafayette Haynes

3. (b) If veteran, name war World War

3. (c) Social Security No. Has number unknown

4. Sex Male 5. Color or race Colored

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

6. (b) Name of husband or wife Wife, Maggie Haynes

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

7. Birth date of deceased December 9, 1894  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>1</u>	<u>12</u>	hr. <u>---</u> min.

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

10. Usual occupation Miner

11. Industry or business Mining

12. Name Murray Haynes

13. Birthplace Dover, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Florence Summers

15. Birthplace Corder, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address ---

17. (a) Higginsville, Mo. (b) Date thereof 1-21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville, Mo.

18. (a) Signature of funeral director W.A. German  
(Name and address of funeral director)

(b) Address Higginsville, Mo.

19. (a) 1-21-41 (b) W.A. German  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st  
year 1941 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from December 26, 1940 to January 21, 1941; that I last saw him alive on January 21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA, Bronchogenic, with pleural effusion, right lung

Due to ---

Due to ---

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

Major findings: ---

Of operations ---

Of autopsy No autopsy

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 ---

23. Signature W.A. German (M. D. or other) D  
Address Veterans Administration Facility  
Excelsior Springs, Mo.

Duration ---

PHYSICIAN ---

Underline the cause to which death should be charged statistically.

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

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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.....

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

..... P. O. Address.....

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

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