

1941 FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3371

Registration District No. 538

Primary Registration District No. 6727

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Castor, Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
XX
(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 _____

3. (a) PRINT FULL NAME Emmer Haney
3. (b) If veteran, name war XX
3. (c) Social Security No. XX

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Willis J. Haney
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased December 16 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months I Days 5
If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____
12. Name Do not know
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Elliot
15. Birthplace Do not know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. W. G. Brown
(b) Address Perkins mo

17. (a) Burial (b) Date thereof Jan. 23, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spodenville mo.

18. (a) Signature of funeral director E. H. Webb
(b) Address Fredericktown mo

19. (a) Jan 22 - 1941 (b) E. C. S. Langlois
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madison
(c) City or town Fredericktown (Rural)
(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? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1941 hour 4 minute 20 P. M.
21. I hereby certify that I attended the deceased from 1-14
_____, 1941, to 1-21, 1941;
that I last saw her alive on 1-21, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Duration 10 days
Due to _____
Due to _____

Other condition Broncho Pneumonia 2 days
(Include pregnancy within 3 months of death)

Major findings: Arterio Sclerosis
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? _____

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

23. Signature W. Long Brown (M. D. or other) 0
Address Fredericktown Mo Date signed 1/22-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE IN INK - 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.

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.....

Ed. H. Webb

Licensed Embalmer No. *731*

P. O. Address *Fredericktown 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, above space should be left blank.