

REG. MAR 17 1941  
Registration District No. 347

Primary Registration District No. 3018

Registrar's No. ....

1. PLACE OF DEATH:

(a) County HENRY  
(b) City or town CLINTON  
(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) 1  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County HENRY 42  
(c) City or town CLINTON 12  
(If outside city or town limits, write "RURAL")  
(d) Street No. 605 E BOUND RIVER ST  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Caleb Johnson Haynes

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased. Nov 30 - 1849  
(Month) (Day) (Year)

8. AGE: Years 91 Months 2 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer (RR Man)

11. Industry or business

12. Name Nathan Haynes  
13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)  
14. Maiden name Elinor Howard  
15. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Clinton Haynes  
(b) Address Clinton Mo

17. (a) Buried (b) Date thereof 2-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Capelewad

18. (a) Signature of funeral director Fred Wilkerson  
(b) Address Clinton Mo  
19. (a) 2-13-41 (b) Dr. R. Naughton  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8 year 1941 hour 4 minute 30 AM

21. I hereby certify that I attended the deceased from Feb 6 1941, to Feb 8 1941;  
that I last saw him alive on Feb 6 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia bda  
Due to Cystitis, & Enlarged prostate 6 Mo

Due to \_\_\_\_\_  
Other conditions 107  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

23. Signature H. S. Walker (M. D. or other) M.D.  
Address Clinton Mo Date signed 2-8-41

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

42  
1  
2

RECEIVED

District Health Officer No. 7,

District File Number 3-41-405

Date Filed 3-4-41

**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

*Frederick W. McKeeson*

Licensed Embalmer No.

*2478*

P. O. Address

*Clinton M.*

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.