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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22970

MAR 17 1941

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Rural-Washington  
(If outside city or town limits, write "RURAL," and name of township)  
(c) Name of hospital or institution: State Hospital # 32  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County McDonald  
(c) City or town Pineville  
(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

8. (a) PRINT FULL NAME Wm. Haines

3. (b) If veteran, name war Dont Know 3. (a) Social Security No. Dont Know

4. Sex Male 5. Color or race White 6. (a) Single, married, divorced Dont Know

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

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

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

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

10. Usual occupation Dont Know

11. Industry or business \_\_\_\_\_

12. Name Dont Know

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

14. Maiden name Dont Know

15. Birthplace 6  
(City, town, or county) (State or foreign country)

16. (a) Informant Wayne Maness, McDonald Clerk  
(b) Address Pineville, Mo.

17. (a) Burial (b) Date thereof 2-3-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woop Cemetery

18. (a) Signature of funeral director Woop Funeral Home  
(b) Address Nevada, Mo.

19. (a) 2-1-41 (b) Allen V. Hays  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st  
year 1941 hour 11:59 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Jan. 31, 1941, to Feb. 1, 1941;  
that I last saw him alive on Jan. 31, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative Heart Disease  
Due to Senility  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

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 Wm. H. Jeter (M. D. or other) M.D.  
Address Nevada, Mo. Date signed 3-1-41

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

88  
0

RECEIVED

District Health Officer No. 7

District File Number 3-41-437

Date Filed 3-6-41

RECEIVED

District Health Officer No. 7

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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 Allen V. Sharp

Licensed Embalmer No. 1968

P. O. Address Newada, 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22976

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

- (a) County Linn
  - (b) City or town Washington  
(If outside city or town limits, write "RURAL" and name of township)
  - (c) Name of hospital or institution: State Hosp. #3  
(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)

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) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

- 3. (a) PRINT FULL NAME IKE James
- 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

- MEDICAL CERTIFICATION**
- 20. DATE OF DEATH: Month Feb day \_\_\_\_\_ year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.
  - 21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.
- Immediate cause of death \_\_\_\_\_

- 4. Sex M 5. Color or race W
- 6. (a) Single, widowed, married, divorced PK
- 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 71 Months 0 Days 14 If less than one day \_\_\_\_\_ min.

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

- 10. Usual occupation \_\_\_\_\_

- 11. Industry of business \_\_\_\_\_

- 12. Name \_\_\_\_\_

- 13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

- 14. Maiden name \_\_\_\_\_

- 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

- 16. (a) Informant \_\_\_\_\_

- (b) Address \_\_\_\_\_

- 17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation \_\_\_\_\_

- 18. (a) Signature of funeral director \_\_\_\_\_

- (b) Address \_\_\_\_\_

- 19. (a) 5-26-42 (b) Ina Martin  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

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

Of 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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

MOTHER FATHER

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

May 23, 1942

Mr. James Stewart, M. D.  
Special Agent, Bureau of the Census  
State Board of Health  
Jefferson City, Missouri

In re: Ike Haines

Dear Dr. Stewart:

I contacted Dr. Reese H. Potter who signed the death certificate of Ike Haines on February 1, 1941. He told me that Ike Haines was a guest patient at the State Hospital #3, coming there from McDonald County only twenty four hours before his death. He said they did not have any history about him, and because it had been so long ago could not even give an approximate age for the deceased.

Dr. Potter suggested that you get in touch with the County Court of McDonal County in order to procure his approximate age.

Yours truly,

*Elizabeth Breckenridge*  
Registrar

*Feb 7 - 1870*