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X23189

Registration District No. 194138

Primary Registration District No. 3028

Registrar's No. 57

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

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Fredericktown
(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)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Madison

(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME Ida Sarepta Haynes

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1941 hour 4 minute 25 A.M.

21. I hereby certify that I attended the deceased from Aug 7 _____, 1941, to Aug 10 _____, 1941.
that I last saw her alive on Aug - 9 _____, 1941,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced, divorced

7. Birth date of deceased Sept 7 1871
(Month) (Day) (Year)

Immediate cause of death = Tubal Nephritis

Duration _____

8. AGE: Years Months Days If less than one day
69 11 3 hr. _____ min.

Due to _____

Due to _____

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

9. Birthplace Bollinger Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Blaniel Haynes

13. Birthplace Bollinger Co MO
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Whittier

15. Birthplace Bollinger Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Albie Haynes

(b) Address Fredericktown

17. (a) Burial (b) Date thereof Aug 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mellies Chapel Cemetery

18. (a) Signature of funeral director Edy Neal

(b) Address Fredericktown MO

19. (a) Aug 12 1941 (b) S. C. S. Coughlin
(Date received local registrar) (Registrar's Signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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. B. Baird (M. D. or other) _____
Address Fredericktown Date signed Aug 11 1941

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Ed. H. Webb

Licensed Embalmer No. 731

P. O. Address Fredericktown

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.