

DEC 10 1941

State File No. _____

Registration District No. 288

Primary Registration District No. 5406

Registrar's No. 39

1. PLACE OF DEATH:

(a) County DUNKLIN
(b) City or town Rural - Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 mi. N. of Kennett, MO. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community 11 - Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Dunklin
(c) City or town Rural - Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi. n. of Kennett
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 19
year 1941 hour 7 P M minute _____ M.

21. I hereby certify that I attended the deceased from
unattended by a physician
that I last saw h _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pneumococcus Pneumonia
Due to _____
1 day

Due to _____
Cebitis - mild 10 days

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

Major findings:
Of operations _____
Of autopsy _____
108

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 George Williams (M.D. or other) P.O.
Address Kennett, MO Date signed 11-20-41

3. (a) PRINT FULL NAME Charles Edward HANEY

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

4. Sex Mal 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: 12 - 18 - 40
(Month) (Day) (Year)

8. AGE: Years _____ Months 11 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name George Haney

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

14. Maiden name Mamie Troubaugh

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

16. (a) Informant George Haney

(b) Address Kennett, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-41
(Month) (Day) (Year)

(c) Place: burial or cremation Gregory

18. (a) Signature of funeral director Paul Salmon

(b) Address Kennett, MO

19. Nov 20 1941 (Date received local registrar) (c) John Blankenship (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1241-1649

Date Filed 12/19/41

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.....

Body was not embalmed..... 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.