

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 20 1947

Registration District No. 777

Primary Registration District No. 5946

Registrar's No. 10

1. PLACE OF DEATH

(a) County Putnam
(b) City or town Newtown Rural Mo
(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 _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam Mo
(c) City or town Newtown Rural Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) U
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1947 hour 2 PM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 20 1947 to Jan 20 1947
that I last saw him alive on Jan 20 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to _____
Due to _____

Other conditions 159
(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)
(c) Means of injury _____
23. Signature U S Bradley (M. D. or other)
Address Putnam Mo Date signed 1-20-47

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

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

3. (a) PRINT FULL NAME Harley Ceren Hines

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased 1 19 42
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Thurman Hines
13. Birthplace Sullivan Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name Sadie Monday
15. Birthplace Sullivan Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Thurman Hines
(b) Address Newtown, Mo.

17. (a) Burial (b) Date thereof 1 21-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harris

18. (a) Signature of funeral director Wadd + Payne
(b) Address Newtown Mo

19. (a) Jan 26 1947 (b) B C Kelly
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 2-42-292

Date Filed FEB 19 1942

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.....

Licensed Embalmer No.....

P. O. Address.....

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.