

FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10726

State File No.

Registration District No. 302

Primary Registration District No. 6231

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural Clay Supr
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Rural
(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.

3. (a) PRINT FULL NAME Rachel Margaret Haynes

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, divorced
6. (b) Name of husband or wife Charley Haynes 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased March 2 1864
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 5 If less than one day
hr. min.

9. Birthplace Marion County - Mo Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name Dan Crider
13. Birthplace unknown 9-
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Adkins
15. Birthplace Marion County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jasen Hamed
(b) Address Bland - Mo.

17. (a) Burial (b) Date thereof April 10 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grave Dale

18. (a) Signature of funeral director Sassmaris Junior Sasse
(b) Address Bland - Mo.

19. (a) Apr. 10, 1942 (b) Alison Koch
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from MAR 1
1942 to MAR 7 1942
that I last saw her alive on 3-4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Broncho-Pneumonia
Due to Influenza

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

Major findings:
Of operations 107
Of autopsy

Duration 7 days
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 0

23. Signature Ed Bunge (M. D. or other) _____
Address Bland Mo Date signed 3-8-42

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

37
00
0

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

Chester Hassmann

Licensed Embalmer No.

4178

P. O. Address

Bland, 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, fact should be so stated above.