

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 14 1942

Registration District No. _____

Primary Registration District No. 3035

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond Mo.
(If outside city or town limits, write "RURAL" and name of township)
(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 none (Specify whether
In this community All Her Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray
(c) City or town Richmond Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 207 E. Lexington St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Ray Co. Mo.

3. (a) PRINT FULL NAME JOSIE BELLE HAYNES

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or White
6. (a) Single, widowed, married, divorced Widow
6. (c) Age of husband or wife if alive no years
7. Birth date of deceased June 8 th. 1868.
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 9
If less than one day hr. _____ min. _____

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

10. Usual occupation Home Keeper

11. Industry or business _____

MOTHER FATHER { 12. Name Daniel Sherley
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Sallie Ann Moyer
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof 4-19-42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dockery Mo. Cem.

18. (a) Signature of funeral director J. H. Thomas

(b) Address Richmond Mo.

19. (a) April 18, 1942 (b) Mrs. C. W. Sheppard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1942 hour _____ minute 9 a. M.

21. I hereby certify that I attended the deceased from April 8 1942 to April 16 1942
that I last saw her alive on April 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to could see no cause
Due to _____

Other conditions (Include pregnancy within 3 months of death) J. H. O.

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 D

23. Signature J. B. Green (M. D. or other) _____
Address Richmond Mo. Date signed 4-19-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-13-42

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.....

J.B. Brothers

Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home .

Signed..... J.B. Brothers

Licensed Embalmer No..... 2001

P. O. Address..... Richmond 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.