

FILED JUN 9 1942
Registration District No. 113-2

Primary Registration District No. 5870

Registrar's No.

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Bragg City, Pemiscot County
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 13 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot
(c) City or town Bragg City
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY EMALINE HAYNIE

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

4. Sex F / 5. Color or race W / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph W. Haynie 6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 15, 1890
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Davidson Henry
13. Birthplace Gibson, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Mollie Whitson
15. Birthplace Gibson, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Joseph W. Haynie
(b) Address Bragg City, Mo.

17. (a) Burial (b) Date thereof 5-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gibson, Mo.

18. (a) Signature of funeral director LaForge Und. Co.
(b) Address Caruthersville, Mo.

19. (a) 6-4-42 (b) Mrs J. C. Cole
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1942 hour 4 minute 45P.M.

21. I hereby certify that I attended the deceased from May 1, 1942 to May 28, 1942
that I last saw her alive on May 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia
Due to cardio-renal disease

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13/a
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?

(Specify type of place) While at work? (e) Means of injury 0

23. Signature Asst. Dir. (M. D. or other)
Address Hayti, Mo. Date signed 5-31-42

Duration

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

78
00

591

6-42-16

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.....

J. G. Schuman

Licensed Embalmer No. 4086

P. O. Address. Cassville, 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.