S. No. 2
M—9-4-41
v. 5-17-39
I X29484

108
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

22490

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 875 Primary Registration District No. 6162 Registrar's No. 55

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Washington twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Nevada, Mo. Rt #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 22 yrs

2. USUAL RESIDENCE OF DECEASED: 108

(a) State Mo (b) County Vernon 0

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. Nevada, Mo Rt #1 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Hubert Ray Haynes

3. (b) If veteran, name war World war #1

3. (c) Social Security No. none

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruby Haynes

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Nov. 26, 1895 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
46	6	16	hr. min.

9. Birthplace Marshall, Mo 0 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER 12. Name Andrew Jackson Haynes

13. Birthplace Fulton, Mo 0 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Willie Warren Potter

15. Birthplace Salem, Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Irl F. Haynes

(b) Address Nevada, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/42 (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director Ferry Funeral Home

(b) Address Nevada, Mo

19. (a) June 20, 1942 (Date received local registrar) (b) Elizabeth Bickenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12, year 1942 hour 5:00 minute P M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Crushed skull

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

1750 6

Major findings: Of operations 3

Of autopsy

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) Accident

(b) Date of occurrence 6-12-42 1P

(c) Where did injury occur? RFD Nevada (City or town) Vernon (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm — Tractor overturned (Specify type of place)

While at work? yes (e) Means of injury Crushed

23. Signature C. Braxton Davis M.D. (M.D. or other)

Address Nevada, Mo Date signed 6-1-42

1231 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-42-677
Date Filed 7-2-42

JUN 18 1951

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 Lloyd R. Winscott

Licensed Embalmer No. 3857

P. O. Address Nevada, 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.