

NEW AUG 1 1942

Registration District No. 823

Primary Registration District No. 6075

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Rural, Echo Creek Twp
(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 _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Shannon 101

(c) City or town Rural, Echo Creek Twp
(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 Francis Haynes

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

4. Sex 7 1 **5. Color or** H **6. (a) Single, widowed, married,**
race _____ **divorced** maried

6. (b) Name of husband or wife Allan Haynes **6. (c) Age of husband or wife if**
alive 73 years

7. Birth date of deceased Dec 26 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>2</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Wife

11. Industry or business

MOTHER FATHER { **12. Name** Alma Marie Garrett

{ **13. Birthplace** Kentucky 1
(City, town, or county) (State or foreign country)

{ **14. Maiden name** Mary Mond

{ **15. Birthplace** Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant Allan Haynes

(b) Address Kimona Mo

17. (a) Burial **(b) Date thereof** Mar 22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Falling Springs, Kentucky

18. (a) Signature of funeral director none

(b) Address _____

19. (a) 3-30-42 **(b)** Frank Hyde MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 20
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Mar 20 1942 to Mar 20 1942
and that death occurred on the date and hour stated above.

that I last saw him alive on Mar - 1 - 1942

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy _____

Duration

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 _____

23. Signature Frank Hyde (M. D. or other) _____

Address Kimona Mo **Date signed** 3-29-42

RECEIVED

District Health Officer No. 5,

District File Number 74245-6

Date Filed 7.28.42

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.....
....., 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, fact should be so stated above.