

7. S. No. 2
OM-5-42
Rev. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34159**

FILED NOV 12 1942

Registration District No. **407/175**

Primary Registration District No. **4280-3036**

Registrar's No. **136**

1. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **Aurora**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
141 West Pleasant St
(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 **Missouri** (b) County **Lawrence**
(c) City or town **Aurora**
(If outside city or town limits, write "RURAL")
(d) Street No. **141 West Pleasant St**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Fannie Laura Haymaker**

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 **Widowed**

6. (b) Name of husband or wife **Harry Haymaker** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Aug. 25 1886**
(Month) (Day) (Year)

8. AGE: Years **56** Months **1** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace **Purdy Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Oliver Smith** 13. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Ricketts** 15. Birthplace **Ark.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Nell Smith**

(b) Address **Aurora Mo.**

17. (a) **Burial** (b) Date thereof **10/18/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director **J. F. King**

(b) Address **Aurora Mo.**

19. (a) **10-17-42** (b) **Cunice Dressler**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** Day **16**
year **1942** hour **4** minute **05** A. M.

21. I hereby certify that I attended the deceased from **Oct 12**
19**42** to **Oct 16** 19**42**
that I last saw him **or** alive on **Oct 15** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to _____

Due to _____

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

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)
_____ (2) Means of injury _____

23. Signature **Miss Smith** (M. D. or other) _____

Address **Aurora Mo.** Date signed **10/17/42**

Duration

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

53

53

1106

(Licensed Embalmer's Statement on Reverse Side)

121 W Pleasant

RECEIVED

District Health Officer No. 6,

District File Number 1142-1586

Date Filed NOV 9 1942

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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.