

FILED NOV 6 1942

State File No.

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 243

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
On hillside just north of pump house 3
(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 Marion

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

(d) Street No. 736 Bridge
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Charles L. Haynes

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Wife

6. (b) Name of husband or wife Mary Amanda 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 12, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 hr. min.

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

10. Usual occupation Farm Hand

11. Industry, or business

MOTHER FATHER

12. Name Marion Haynes

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Haynes

(b) Address 736 Bridge

17. (a) Burial (b) Date thereof 10/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn, Barry Illinois

18. (a) Signature of funeral director Wm M. Smith

(b) Address 902 Broadway Hannibal

19. (a) Oct. 12, 1942 (b) R. W. Connor
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Unknown day.....
year..... hour..... minute..... M.

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

Immediate cause of death.....
Found dead. Had been missing three weeks. Found Oct. 10, 1942.

Due to Possibly a stroke.

Due to Fatigue; senility
Probably exposure

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?
.....
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature Wm M. Smith Coroner
(M. D. or other)

Address 902 Broadway Hannibal Mo. Date signed 10/12/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

64
3
7

67
3
11

1

830

1145

JUN 29 1945

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 *Wm M Smith*.....

Licensed Embalmer No..... 1204.....

P.O. Address..... Hannibal Missouri.....

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.