

FILED NOV 12 1942

Registration District No. _____

Primary Registration District No. 5779

Registrar's No. 52

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

1. PLACE OF DEATH:

(a) County Miller

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

(c) Name of hospital or institution:
2 mi east of Eldon Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

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

(d) Street No. 2 mi East of Eldon Mo
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Martin Mullens Haynes

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1942 hour 11 minute 05 AM.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Sarah Catherine Haynes

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: Jan 13 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 21, 1942, to 11/3, 1942
that I last saw h. live on 11/3, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>9</u>	<u>20</u>	hr. - min.

Immediate cause of death apoplexy 13 days

Due to arterio-sclerosis 21

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

10. Usual occupation Farming

11. Industry or business "

Due to _____

Other conditions 83R
(Include pregnancy within 3 months of death)

MOTHER FATHER {

12. Name James Haynes

13. Birthplace Miller Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Sterens

15. Birthplace Miller Co Mo
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Sarah C. Haynes

(b) Address Eldon Mo Rt 1

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

(c) Place: burial or cremation Mt. Pleasant Cem

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? _____

18. (e) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 11-5-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

23. Signature G. D. Walker (M. D. or other) _____
Address Eldon Mo Date signed 11-4-42

RECEIVED
Miller County Health Dept.
County File Number. 42-87
Date Filed 10/10/42

NOV 17 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

Keith M. Bays

Licensed Embalmer No.

3998

P. O. Address

Eldon 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.