

No. 5-17-39
K23159

LEU NOV 17 1942
Registration District No. **278**

Primary Registration District No. **3054**

Registrar's No. _____

82
2
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Pike
 (a) County _____
 (b) City or town Louisiana
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Pike Co Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 mo.
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Audrain
 (c) City or town Vandalia
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Verdie Cleveland Haas
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 5
 year 1942 hour 11 minute 20 P.M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife William Haas 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Oct. 27 1896
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March
30, 1941, to October 5, 1942
 that I last saw her alive on October 5, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
45 11 8 hr. _____ min.

Immediate cause of death: Round Cell
 Due to: Jackson
 Due to: _____
 Duration _____

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

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

10. Usual occupation Housewife

11. Industry or business Own home

12. Name John Goodpasture

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

14. Maiden name Ellen Karish

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

16. (a) Informant Hospital records
 (b) Address Louisiana Mo

17. (a) _____ (b) Date thereof Oct 8 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Vandalia Mo. Cem.

18. (a) Signature of funeral director H. A. Walters
 (b) Address Vandalia Mo.

19. (a) Oct 8/42 (b) Stobley Dept
 (Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
 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) _____
 (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 _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature [Signature] (M. D. or other)
 Address _____ Date signed _____

RECEIVED

District Health Officer No. 10

District File Number 11-42-2091

Date Filed NOV 16 1942

BYKE
DEAL

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 _____

MAIL

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37802

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Journeaux
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Pike Co. Hosp.
(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 _____ (b) County _____
(c) City or town _____
(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 Verdie Cleveland Hean

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Oct 27
(Month) (Day) (Year)

8. AGE: Years 45 Months _____ Days _____
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____
(b) Address _____

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

(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
Year 1942 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I first saw him _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to Round Cell carcinoma of lymph glands.
Due to _____

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

Major findings: none 558
Of operations _____
Of autopsy none
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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Journeaux Mo Date signed 12-29

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

SUPPLEMENTARY

MOTHER FATHER

