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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1942

37868

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 199

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 636 No Ault (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 Randolph

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

(d) Street No. 636 No Ault (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

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3

3. (a) PRINT FULL NAME Etta Haynes

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 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Apl (Month) 11th (Day) 1877 (Year)

8. AGE: Years 65 Months 7 Days 8 If less than one day hr. min.

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

10. Usual occupation Athome

11. Industry or business

FATHER
12. Name William F. South
13. Birthplace (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Belle Lane
15. Birthplace (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs A. M. Slavens

(b) Address Moberly

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22nd 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) Nov. 22-42 (Date received local registrar) (b) Irma Nave (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th year 1942 hour 7 minute 25 P M.

21. I hereby certify that I attended the deceased from Oct 15, 1942, to Nov 19, 1942 that I last saw her alive on Nov 19, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ac. Cardiac Collapse. Chr Myocarditis	1 mo
Due to Chr Arthritis with acute flare up	2 yr
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	

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) no

(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 H. C. Grybeck (M. D. or other) O

Address Moberly Date signed 11/22/42

1036 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-42-30 93
Date Filed DEC 7 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 Frank D. D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.

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

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37868

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 199

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:
(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 Etta Hayner

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 widow

6. (b) Name of husband or wife John Hayner

6. (c) Age of husband or wife if alive 15 years

7. Birth date of deceased Apl (Month) 1 (Day) 15 (Year)

8. AGE: Years 65 Months 7 Days 8 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) Irma Navé (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 1942 Day 19
year 1942 hour minute M.

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

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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)
(b) 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY