

FILED DEC 10 1942

Registration District No. 316

Primary Registration District No. 3068

Registrar's No. 147

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

1. PLACE OF DEATH St. Francois Co
 (a) County St. Francois
 (b) City or town St. Francois
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 64 years (Specify whether years, months or days)
 In this community 64 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Genevieve
 (c) City or town rural (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME William Harrison Haynes
 3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 11 day 27
 year 42 hour minute M.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced 2 divorced
 6. (b) Name of husband or wife Emma Terk Horn
 6. (c) Age of husband or wife if alive 21 years (Month) (Day) (Year)
 7. Birth date of deceased. April 21 1878

21. I hereby certify that I attended the deceased from 1907 to 1942
 that I last saw him alive on 11-27-42 and that death occurred on the date and hour stated above.
 Immediate cause of death Duration

8. AGE: Years 64 Months 7 Days 6 If less than one day hr. min.

9. Birthplace St. Genevieve Co (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
 12. Name Calvary (Clutor) Haynes
 13. Birthplace Calvary Co Mo (City, town, or county) (State or foreign country)
 14. Maiden name Mary Jane Boutan
 15. Birthplace St. Genevieve Co (City, town, or county) (State or foreign country)

16. (a) Informant Jerry Haynes

(b) Address 615 Lafayette ave St Louis Mo

17. (a) Burial (b) Date thereof 11/29/42 (Month) (Day) (Year)

(c) Place: burial or cremation Clement Hill Mo

18. (a) Signature of funeral director Cagan Funeral Home

(b) Address Farmington Mo

19. (a) Nov. 30, 1942 (Date received local registrar) (b) Byndie Bukhmaster (Registrar's signature)

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

PHYSICIAN
 Major findings:
 Of operations
 Of autopsy

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 11-28-42
 (c) Where did injury occur Near Farmington Mo (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Near his home in woods
 While at work? (Specify type of place) (e) Means of injury
 23. Signature R. P. Pflieger (M. D. or other)
 Address Farmington Mo Date signed 11-28-42

Mr. Hayes Chopped down a small tree and in
attempting to bore his way, the tree fell on him
fracturing spine and doing internal injuries
an ambulance was dispatched for him 2:45 p.m.
on way to my office. In the presence of his
brother & the ambulance men

Rappahannock

RECEIVED

District Health Officer No. 3
District File Number 1242-140-1
Date Filed 12-8-42

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.....

m..... Registered Apprentice No.....
working under my personal supervision.

Signed Obregon.....

Licensed Embalmer No. 4084

P. O. Address Farmington, Va

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. 37433

Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 147

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington
(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 William H. Hagner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years
(Immediate cause of death)

7. Birth date of deceased April 21
(Month) (Day) (Year)

8. AGE: Years 64 Months 2 Days 6
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 _____
(City, town, or county) (State or foreign country)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV Day 27
Year 1942 Hour _____ Minute _____ M.

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

Due to Went out in woods near his home, cut a tree, when tree stalled to fall; he attempted to get his boy out of the way. Tree fell on him injuring his back, and internal organs.

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

Major findings: Dead in ambulance while being brought to my office

Of operations _____

Of autopsy 1952
99

Duration _____

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) accident

(b) Date of occurrence NOV 27 42

(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? home

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

23. Signature Plapphery (M. D. or other) _____

Address Farmington Mo Date signed 12-29-42

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

SUPPLEMENTARY

MOTHER FATHER

