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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 10 1942

Registration District No. 101

Primary Registration District No. 101

Registrar's No. 2435

96
302
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Louis County Hospital

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

(c) Name of hospital or institution: St Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Mo. 6 Days
(Specify whether years, months or days)

In this community 5 Mo. 6 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Haynes

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Male 5. Color or Race Colored 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased April 10 1926
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>16</u>	<u>7</u>	<u>10</u>	hr. min.

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

10. Usual occupation Service Station attendant

11. Industry or business.....

MOTHER FATHER { 12. Name Bennett Authur

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

14. Maiden name Irma Haynes

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

16. (a) Informant Irma Haynes

(b) Address Carson and McAuthur

17. (a) Burial (b) Date thereof 11-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Brothers.

(b) Address Lix & Stanza Kinlock Park.

19. (a) NOV 24 1942 (b) J. McCarson
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis

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

(d) Street No. Carson & McAuthur
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 1
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 20
year 1942 hour 7:20 minute A 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 Accidentally shot by Deputy Sheriff Rufus Hopkins while discharging his duty as an Officer of the Law.
Due to.....

Due to Complete section of the spinal cord at 4th dorsal level;
Other conditions Numerous decubitus ulcers;
(Include pregnancy within 3 months of death)
Partial atelectasis of right lung; Pulmonary edema.

Major findings:
Of operations.....
Of autopsy Yes.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident. 096
(b) Date of occurrence June 14, 1942

(c) Where did injury occur? South Kinloch Park
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place.
(Specify type of place)

While at work?..... (e) Means of injury 2
23. Signature John M. Meyer Deputy Coroner
(M. D. or other)
Address Warkwood, Mo. 11/21/42 Date signed.....

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

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.....

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.