

7325

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 6

with No. 2
S. No. 2
M-9-4-41
5-17-39
X29484

FILED FEB 18 1943

Registration District No. 5991
Primary Registration District No. 5991

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

1. PLACE OF DEATH:

(a) County PUTNAM
(b) City or town RURAL - LIBERTY Township
(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 6 a year (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PUTNAM
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. LIBERTY Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. ()

3. (a) PRINT FULL NAME ISABELLE MARGOT HAINES

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, widowed
6. (b) Name of husband or wife ARRON HAINES 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased MARCH 31 1856
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 7 If less than one day — hr. — min.

9. Birthplace MINN 1
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business HOUSEWORK

MOTHER FATHER

12. Name Will FULLERTON 9
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name MARINA JANE HUMPHREY
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Blonde Haines
(b) Address Wendota Mo
17. (a) Burial (b) Date thereof Jan 11 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concord Cemetery

18. (a) Signature of funeral director Concord Home
(b) Address Unionville Mo
19. (a) 1-21-43 (b) Belley
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 1943 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Jan 8 1943
to Jan 8 1943
that I last saw him alive on Dec 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death leukemia

Due to Chr. nephritis 10 yrs

Due to —

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

Major findings: 121 f
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 work? — (Specify type of place) (e) Means of injury —
23. Signature J. C. Donahue (M. D. or other) MO
Address Centerville Ia Date signed 1/11/43

1099

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10.

District File Number 2-43-342

Date Filed FEB 16 1943

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 John N. Comstock
Licensed Embalmer No. 3891
P. O. Address Unionville 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.