

FILED MAY 7 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 6075

Registrar's No. 264

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Mo. State Hospital No. 4 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 2 mos. 25  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. Unknown  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN HAYNES

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, separated Separated

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased March 8, 1900  
(Month) (Day) (Year)

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

43	1	10	hr. min.
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9. Birthplace Bland, Gasconade Co., Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed laborer

11. Industry or business \_\_\_\_\_

12. Name William Haynes

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

14. Maiden name Mae Crider

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 4-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union, Missouri

18. (a) Signature of funeral director Oltman Undertakers Inc.

(b) Address Union, Missouri

19. (a) 4-30-1943 (b) Lyndie Buhromete  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18  
year 1943 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 24, 1943 to April 18, 1943  
that I last saw him alive on April 17, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia Terminal disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 30 ft  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy \_\_\_\_\_

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. A. [unclear] (M. D. or other)

Address 316 College Date signed 4-18-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Farmington

RECEIVED

District Health Officer No. 4  
District File Number 543-2118  
Date Filed 5-5-43

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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.....

..... me ....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... C. P. Coogan .....

Licensed Embalmer No..... 4084 .....

P. O. Address..... Farmington, Vt. .....

**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.**