S. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25246

State File No. .....

FILED AUG 1 1943

Registration District No. 755 Primary Registration District No. 3127 Registrar's No. 67

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
0 Jane Chinn Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ Months (Specify whether
In this community 3 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Texas (b) County 41

(c) City or town Bayside City 0
(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 2

3. (a) PRINT FULL NAME FOSTER E. HAYNES

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

3. (c) Social Security No. .....

4. Sex M

5. Color or race 0 W

6. (a) Single, widowed, married, divorced 2 W

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

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

7. Birth date of deceased June (Month) 9 (Day) 1871 (Year)

8. AGE: Years 72 Months 1 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Clyde Haynes
(b) Address 2811 Joplin, Joplin, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/43 (Month) (Day) (Year)
(c) Place: burial or cremation Osborn Memorial

18. (a) Signature of funeral director Parker - Hunsaker
(b) Address Joplin, Missouri

19. (a) Aug. 3, 1943 (Date received local registrar) (b) Mrs Lillie Lagle (Registrar's signature)

1180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1943 hour 5 minute p. M.

21. I hereby certify that I attended the deceased from May 20, 1943, 19..., to July 30, 1943;
that I last saw him alive on July 30, 1943, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Bladder & Prostate	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

51 P

Major findings:
Of operations .....
Of autopsy Carcinoma of Bladder & Prostate confirmed by 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? .....
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature H B Kerr D.O. [redacted]
Address 530½ Main Joplin Mo Date signed 7-31-43

(Licensed Embalmer's Statement on Reverse Side)

43-7-620

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.