

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31352

State File No.

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 310

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
South East Mo. Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County New Madrid

(c) City or town Mathews R.F.D #30
(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 /

3. (a) PRINT FULL NAME Nearna Haynes

3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 23
year 1943 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 21, 1943, to Sept 23, 1943
that I last saw her alive on Sept 23, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive 28 years (Day) (Year)

7. Birth date of deceased 10 (Month) 28 (Day) 1915 (Year)

Immediate cause of death myocarditis

Due to Surgical diphtheria

Due to

8. AGE: Years Months Days If less than one day
10 11 2 hr. min.

9. Birthplace Rector Ark (City, town, or county) (State or foreign country)

10. Usual occupation School girl

11. Industry or business

12. Name Luther Haynes

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

14. Maiden name Florence Mobbs

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

16. (a) Informant Mrs Luther Haynes

(b) Address Mathews R.F.D #3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director H.W. Albritton

(b) Address Reactor MO

19. (a) 10-5-43 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 10

Major findings: 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) (a) Means of injury

23. Signature Glenn J. Phelps (M. D. or other) M.D.
Address Cape Girardeau, Mo. Date signed 9/23/43

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

16
1
4

1314

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1043-2821

Date Filed 10-6-43

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

Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address 51 Keaton St

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.