

S. No. 2
M-5-42
5-17-39
I X3227

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32000
Registrar's No.

FILED SEP 22 1943

Registration District No. Primary Registration District No. 510

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt Vernon
(c) Name of hospital or institution: Mrs State Sanatorium
(d) Length of stay: In hospital or institution 648 days
In this community 648 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Melbyville
(d) Street No.
(e) Citizen of foreign country? Yes or No

3. (a) PRINT FULL NAME Pearl Haynes

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Sept day 14 year 1943 hour 2 minute 40 P.M.

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Single

21. I hereby certify that I attended the deceased from Dec 5th to Sept 14 1943 that I last saw her alive on Sept 14 1943 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased June 20 1924 (Month) (Day) (Year)

Immediate cause of death. Pulmonary tuberculosis

8. AGE: Years 19 Months 2 Days 25 If less than one day hr min

Due to. Due to.

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

Other conditions. (Include pregnancy within 3 months of death) 13 ft

10. Usual occupation Housewife

Major findings: Of operations. Of autopsy. PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name of father William Thomas Haynes

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

14. Maiden name of mother Elida Hillman

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

16. (a) Informant Mont. Central Record Clerk (b) Address Mrs State San Mt Vernon

17. (a) Burial, cremation, or removal (b) Date thereof Sept 15 1943 (c) Place: burial or cremation Robinson Cem Melbyville Mo

18. (a) Signature of funeral director Mrs Mammie Fish (b) Address Taylor Mo

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. B. Stokes (M. D. or other) Address Post. Vernon, Mo. Date signed 9/14/43

19. (a) 9-26-43 (Date received local registrar) (b) Cecily Crawford (Registrar's signature)

RECEIVED

District Health Officer No. 6;

District File Number 943 1123

Date Filed SEP 21 1943

OCT 6 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 George B Orr

Licensed Embalmer No. 946

P. O. Address Mon Vernon 9 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.