S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38629

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 250

1. PLACE OF DEATH:

(a) County Linn.
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution McLarney's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Hours (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton
(c) City or town Marceline Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 11 miles S & E of Marceline
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Walter Olin Hainds

3. (b) If veteran, name war

3. (c) Social Security No. 486-07-0049

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Alta Hamilton Hainds

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July (Month) - 11 (Day) - 1883 (Year)

8. AGE: Years 60 Months 3 Days 29 If less than one day hr. min.

9. Birthplace Chariton Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name George D Hainds
13. Birthplace Chariton Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Elizabeth Green
15. Birthplace Chariton Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Richard Hainds
(b) Address Marceline Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Ceme

18. (a) Signature of funeral director James McLaughlin
(b) Address Marceline Mo

19. (a) 11-12-43 (Date received local registrar) (b) W W Coman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10 year 1943 hour 11 minute a M.

21. I hereby certify that I attended the deceased from 11/10, 1943, to 11/10, 1943 that I last saw him alive on 11/10, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Sorrow Occlusion	4 hrs.
Due to	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

94a

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) no
(b) Date of occurrence 0
(c) Where did injury occur? 0 (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? 0 (e) Means of injury 0

23. Signature Jno McLarney (M. D. ~~[illegible]~~)
Address Brookfield, Mo Date signed 11/11/43

436

(Licensed Embalmer's Statement on Reverse Side)

LARNEY

JAN 28 1944

JAN 3 1 1944

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 Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline M

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.