

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 27 1943
REGISTRATION DISTRICT NO. 128

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1008
Registrar's No. 1008

Primary Registration District No. 2000

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town SPRINGFIELD MO.
(c) Name of hospital or institution: 1060 E. BLAINE
(d) Length of stay: In hospital or institution 24 YR.
In this community 24 YR.

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County GREENE
(c) City or town SPRINGFIELD
(d) Street No. 1060 E. Blaine St
(e) Citizen of foreign country? none (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN ALBERT DE HAYEN
(b) If veteran, name war NONE
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 12th
year 1943 hour 1 minute 00 A. M.
21. I hereby certify that I attended the deceased from 12-11 to 12-12
1943 and that death occurred on the date and hour stated above.

4. Sex MALE
5. Color or Race WHITE
6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife Wife
6. (c) Age of husband or wife if alive 28 years 1861
7. Birth date of deceased: MARCH (Month) 28 (Day) 1861 (Year)

Immediate cause of death Coronary Arteriosclerosis
Due to Coronary-Renal Vascular Disease
Other conditions (Include pregnancy within 3 months of death) 13/a

8. AGE: Years 82 Months 8 Days 14
If less than one day hr. min.

9. Birthplace: S. PRAIRIE (City, town, or county) OHIO (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

MOTHER FATHER
12. Name John Albert De Haven
13. Birthplace Frank (City, town, or county) France S (State or foreign country)
14. Maiden name Unknown
15. Birthplace Frank (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Paul De Haven
(b) Address SPRINGFIELD MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14-1943
(c) Place: burial or cremation Mt Comfort Cem

18. (a) Signature of funeral director J. W. Klingner
(b) Address SPRINGFIELD MO.

19. (a) 12-14-43 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

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?
(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 Max J. [Signature] (M. D. or other) W.D.
Address Springfield Mo Date signed 12-14-43

Duration Instant
Physician Dr. [Signature]
Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No. *3358*

P. O. Address..... *Springfield, 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.