

No. 2  
9-4-41  
5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42833

State File No. \_\_\_\_\_

FILED JAN 19 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5038

Registrar's No. 268

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield

(c) Name of hospital or institution:  
509 N. Caldwell Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 years (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Brookfield  
(If outside city or town limits, write "RURAL.")

(d) Street No. 509 N. Caldwell St  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John W. Haight

(b) If veteran, name war None

(c) Social Security No. None

4. Sex M

5. Color or race W

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

(b) Name of husband or wife Rosa Willard Haight

(c) Age of husband or wife if alive 65 years

7. Birth date of deceased August 29, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 3 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Linn County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad Watchman Retired

11. Industry or business C. B. & Q. Railroad

12. Name Charles Haight

13. Birthplace Sistersville, W. Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Duckworth

15. Birthplace West Union, Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Barber

(b) Address Brookfield, Mo.

17. (a) Burial (b) Date thereof 12/21/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laclede, Mo.

18. (a) Signature of funeral director Trust Funeral Home

(b) Address Brookfield, Mo.

19. (a) 12-21-43 (b) W. H. Sawyer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 19 Year 1943 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 1, 1943, to Dec 19, 1943  
that I last saw him alive on Dec 19, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Smile & Remission 20 days

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 167a

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 W. H. Sawyer (M. D. or other) do.

Address Brookfield, Mo. Date signed 12-20-43

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

MOTHER FATHER

456

(Licensed Embalmer's Statement on Reverse Side)

**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.....

*H. B. Wright*

Licensed Embalmer No.....

*3718*

P. O. Address.....

*Brookfield, 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.**