V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2238

FILED FEB 14 1944

Registration District No. 44 Primary Registration District No. 5149 Registrar's No. 4

13
0
0

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

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Rural - Gomer
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 13

(a) State Mo (b) County Caldwell 0

(c) City or town Nettleton - Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Thomas Martin Haigh

3. (b) If veteran, name war No

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Feb (Month) 14 (Day) 1863 (Year)

8. AGE: Years 80 Months 11 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Bridgeport (City, town, or county) Conn 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name John Haigh 4
13. Birthplace ..... (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Hannah Martin 4
15. Birthplace ..... (City, town, or county) England (State or foreign country)

16. (a) Informant Sam Shaney
(b) Address Nettleton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 18 (Day) 43 (Year)
(c) Place: burial or cremation Highland Cem

18. (a) Signature of funeral director Bram Funeral
(b) Address Hamilton Mo Home

19. (a) Jan 6 1943 (Date received local registrar) (b) E A Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 — year 1943 hour Do not know minute ..... M.

21. I hereby certify that I attended the deceased from Did not ....., 19...., to ....., 19....;
that I last saw him alive on Dead Dec 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Freezing
Found frozen in his home

Due to Malnutrition Insufficient Clothing No fire in 13° below

Due to Zero Weather, Discovery Coroners jury

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

Major findings: E A Thompson Coroner
Of operations of Caldwell Co.

Of autopsy Viewed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 1 0 1 3

(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?
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature E A Thompson Co Coroner (M. D. or other)

Address Breckenridge Mo Date signed .....

1151 (Licensed Embalmer's Statement on Reverse Side) Dec 15-1943

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Morris A. Bunn

Licensed Embalmer No. 3918

P. O. Address Hamilton 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.