No. 2
-5-42
-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1944

Registration District No. 167

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4256

State File No. 3301

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Johnson

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

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

(d) Length of stay: In hospital or institution none (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 51

(a) State Missouri (b) County Johnson 1

(c) City or town Holden 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country XXXX

3. (a) PRINT FULL NAME MISSOURI HAYNES GANSON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race W 1

6. (a) Single, widowed, married, divorced widowed 2

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

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

7. Birth date of deceased Feb. 22, 1855
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
88	9	28	hr. min.

9. Birthplace Unknown (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation retired

11. Industry or business same

FATHER
12. Name Jones Haynes
13. Birthplace unknown (City, town, or county) Tennessee 1 (State or foreign country)

MOTHER
14. Maiden name Anna Haynes
15. Birthplace unknown (City, town, or county) Tennessee 1 (State or foreign country)

16. (a) Informant Mrs. Lynn Barnes
(b) Address Holden, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22'43 (Month) (Day) (Year)
(c) Place: burial or cremation Holden, Missouri.

18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri.

19. (a) 12-21-43 (Date received local registrar) (b) Kathryn S. Canaday (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1943 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from December 10th, 1943 to Dec 20, 1943
that I last saw her alive on Dec. 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Chronic Myocardial degeneration

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

93d

Duration

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)

(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 James M. Holmberg (M.D. or other) DO

Address Holden Mo Date signed 12/21/43

1002

(Licensed Embalmer's Statement on Reverse Side)

JAN 24 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 W. L. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, 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.