

FILED FEB 17 1944

Registration District No. 13

Primary Registration District No. 4156

Registrar's No. 18

1. PLACE OF DEATH:
 (a) County Dade County Mo
 (b) City or town So Greenfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 47 yrs years, months or days

3. (a) PRINT FULL NAME THOMAS NELSON HAYNES
 3. (b) If veteran, name war no 3. (c) Social Security No. 210

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Myrtle Hoopes 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased Jan 16 1868 (Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Tennessee (City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____

MOTHER FATHER
 12. Name W. H. Haynes
 13. Birthplace Hoopes Tennessee (City, town, or county) (State or foreign country)
 14. Maiden name Davis
 15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. H. Haynes
 (b) Address Greenfield Mo

17. (a) Burial (b) Date thereof 1-17-44 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenfield, Mo

18. (a) Signature of funeral director H. W. Fossett
 (b) Address mt. Vernon Mo

19. (a) Jan 18 - 44 (b) Phyllis Lack (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Dade
 (c) City or town South Greenfield (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 15
 year 1944 hour 4 p.m. minute _____ M.

21. I hereby certify that I attended the deceased from 5-1, 1943 to 1-15, 1944
 that I last saw him alive on 7-10, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) H6P

Major findings: _____
 Of operations _____
 Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature H. O. Cowan (M. D. or other) _____
 Address Greenfield Mo Date signed 1-17-44

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 244-227

Date Filed FEB 15 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 D Fossett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon Nc

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, above space should be left blank.