

FILED FEB 28 1944 / 28

Registration District No. ....

Primary Registration District No. 2000

39  
2  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
610 E. Page /  
(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 20 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 610 E. Page  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Rosa E. Haynes

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2 divorced Widowed

6. (b) Name of husband or wife Rev. J. G. Haynes 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased September 5, 1864  
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 6 If less than one day hr. min.

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

10. Usual occupation In Home

11. Industry or business

MOTHER FATHER { 12. Name William M. Clark  
13. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah E. McCormack  
15. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Farmer  
(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/44  
(Month) (Day) (Year)  
(c) Place: burial or cremation California, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
(b) Address Springfield, Missouri

19. (a) 2-14-44 (Date received local registrar) (b) B. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11th.  
year 1944 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 1934 to Feb. 11 1944  
that I last saw her alive on Feb. 10 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis. Immediate causal uraemia. Also had Hypertension with Chronic myocarditis.  
Other conditions Senility.  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:  
Of operations 1318  
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) (e) Means of injury 0

23. Signature W. S. Linnell (M. D. or other) M. D.  
Address Springfield, Mo. Date signed 2-13-44

**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 Harlow Knabb

Licensed Embalmer No. 4065

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.**