

Registration District No. 1356

Primary Registration District No. 3127

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

49  
6  
2

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
700 South Walker Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 29 years \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 700 South Walker Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George N. Haines

3. (b) If veteran, name war no data

3. (c) Social Security No. none

4. Sex Male

5. Color or race W.

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

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

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

7. Birth date of deceased August 7, 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Cement & Plaster man

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Pepper Haines

13. Birthplace no data no data  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Morton

15. Birthplace no data Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant widow Nettie Haines

(b) Address Webb City, Missouri

17. (a) burial (b) Date thereof 2/7/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Missouri

19. (a) Feb 7, 1944 (b) Mrs. Lillie Agle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4  
year 1944 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from  
Jan 15, 1944 to Feb 4, 1944  
that I last saw him alive on Feb 4, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

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

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

Other conditions 108  
(Include pregnancy within 3 months of death)

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 2

23. Signature W. Gregory (M. D. or other) DO  
Address Webb City, Mo. Date signed 2/7/44

44-2-227

**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 E. W. Hedge

Licensed Embalmer No. 2859

P. O. Address. Webb City, 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.**