

FILED APR 13 1944
Registration District No. **217**

Primary Registration District No. **5935**

Registrar's No. **103**

1. PLACE OF DEATH:
 (a) County **Pettis**
 (b) City or town **Rual, Salsburg**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **90 years**
(Specify whether years, months or days)
 In this community **90 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Pettis**
 (c) City or town **Rual**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Noah E. De Haven**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **18**
 year **1944** hour **5** minute **P.** M.
21. I hereby certify that I attended the deceased from **June** 19**44** to **Mar 18** 19**44**
 that I last saw him alive on **Mar 18** 19**44**
 and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widower**
 6. (b) Name of husband or wife **Sallie De Haven** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Sep 14 1854**
(Month) (Day) (Year)

Immediate cause of death **Myocardial Degeneration**
 Due to **Senility**
 Due to _____
 Other conditions **gpd**
(Include pregnancy within 3 months of death)

8. AGE: Years **89** Months **7** Days **2**
 If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **De Haven**

13. Birthplace **Dont Know**
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Leonard De Haven**

(b) Address **Valley Center Kansas.**

17. (a) Burial (b) Date thereof **3-21-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **La Monte Mo.**

18. (a) Signature of funeral director **B.F. Parker**

(b) Address **La Monte Mo.**

19. (a) 3-19-44 (b) **Anna Burger**
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
gpd

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.

23. Signature **W.E. Walker** (M. D. or other) **M.D.**
 Address **La Monte Mo.** Date signed **3-19-44**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

472-47

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.....

B. F. Parker

Licensed Embalmer No. 1592

P. O. Address *Raymond*

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.