

FILED JUN 20 1944

Registration District No. 22

Primary Registration District No. 4174

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: General Delivery - Resin Cardwell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 yrs (Specify whether years, months or days)

In this community 18 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Dunklin

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

(d) Street No. Gen Del (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME John Willie Haynes

3. (b) If veteran no name war none

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month may day 5th 1944
year 1944 hour 3 minute 25 P.M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bellie Haynes 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: Jan 24 1877
(Month) (Day) (Year)

Immediate cause of death: Pleural Effusion
Chase Hutchinson

Duration 6 mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 67 Months 3 Days 11 If less than one day hr. min.

9. Birthplace St. Francois Co Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Willis Haynes

13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Henry B. Thomason

(b) Address Cardwell MO - Gen Del

17. (a) Burial (b) Date thereof 5-5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cardwell MO Cem

18. (a) Signature of funeral director Randal H. Mitchell
(b) Address Cardwell Ark

19. (a) June 1 1944 (b) M.G. Moon
(Date received local Registrar) (Registrar's signature)

Major findings: 110

Of operations

Of autopsy

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?

23. Signature M.C. Blaylock (M. Director)
Address Cardwell Date signed 5-9-44

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

35005

RECEIVED

District Health Office No. 2,

District File Number 644-883

Date Filed 6-14-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.