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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 13 1944
Registration District No. 257

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28423
Registrar's No. 128

Primary Registration District No. 4378

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

1. PLACE OF DEATH:
(a) County Madaway
(b) City or town Havenwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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 about 25 yrs years, months or days)

3. (a) PRINT FULL NAME Clavin Washington Haines
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Stephens Haines 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Dec 19 1875 (Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 24 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Agnes Sawyer
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
14. Maiden name Anna Mace
15. Birthplace Unknown Penn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Haines
(b) Address Havenwood Missouri

17. (a) Burial (b) Date thereof 8-15-44 (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Craig Cemetery Mo

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Marquette Missouri

19. (a) 8-15-44 (b) Clavin Barber (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13th year 1944 hour 13 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 1, 1944, to Aug 13, 1944,
that I last saw him alive on July 15, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death aborted stenosis
Cancer of Prostate gland
Cancer of stomach
Due to primary Prostate
Due to _____

Other conditions (Include pregnancy within 3 months of death) 518

Major findings: 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?
his home on farm

While at work? no (Specify type of place) (e) Means of injury ✓

23. Signature J. Manning (M. D. or other) Address Savannah Mo Date signed 8/15/44

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(Licensed Embalmer's Statement on Reverse Side)

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 William Campbell

Licensed Embalmer No. 2620

P. O. Address Marquette 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.