

S. No. 2
M-5-43
7-5-17-39
P I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37935 ✓

FILED NOV 24 1944
Registration District No. 1904

Primary Registration District No. 3026

State File No. _____
Registrar's No. 275

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
714 So. Chrysler 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days) 43 years

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 714 S Chrysler 4
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Catherine Haines

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

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Joseph E Haines 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 19 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82	6	3	_____ hr. _____ min.
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9. Birthplace Pike County Ill (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Winner

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

14. Maiden name Isabelle Lambert

15. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. French

(b) Address 714 S Chrysler

17. (a) Burial (b) Date thereof Oct. 25 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director Geo. C Carson

(b) Address Independence Mo.

19. (a) 10-24-44 (Date received local registrar) James Rose (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 23 day 23 year 1944 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from Sept 22, 1944 to Oct. 23, 1944 that I last saw her alive on Oct 23, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 5 wks.

Due to Arteriosclerotic cardio-renal-vascular disease

Due to _____

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

Major findings: Of operations None 131a

Of autopsy None

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 _____

23. Signature Harold V. Woods (M. D. or other) M. D.

Address 11037 Wimmer Road Date signed 10/24/44

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

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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.....

Raymond L. Brown

Licensed Embalmer No. *4199*

P. O. Address.....

Independence

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.