S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1945

Registration District No. 2016

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13663

Primary Registration District No. 2001

Registrar's No. 177

19
12
5

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: 4 WEEKS - 2 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 314 Sergeant
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Julienne Haynes
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Fl
5. Color or race: W
6. (a) Single, widowed, married, divorced: Infant
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 16 (Day) 1945 (Year)

8. AGE: Years | Months: 1 | Days: 2 | If less than one day: hr. min.

9. Birthplace: Joplin (City, town, or county) Mo (State or foreign country)
10. Usual occupation:
11. Industry or business: Infant
12. Father Name: Clarence Haynes
13. Father Birthplace: St Joseph (City, town, or county) Mo (State or foreign country)
14. Mother Maiden name:
15. Mother Birthplace: Julienne Hill - Billings (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Clarence Haynes
(b) Address: 314 Sergeant
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Hope
18. (a) Signature of funeral director: Thornhill-Dillon
(b) Address: 4th and Wall St. Joplin
19. (a) 4-18-45 (Date received local registrar) (b) Gertrude Sutherlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th year 1945 hour 7 minute 50 a.m.
21. I hereby certify that I attended the deceased from 3-16-45, 19..., to 4-17, 1945; that I last saw her alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurity
Due to: Congenital heart defect
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: No
Of autopsy: No

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: (M. D. or other)
Address: Date signed 4/18/45

(Licensed Embalmer's Statement on Reverse Side)

45-4-332

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 Cecil a Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.