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5-17-39
X37823

FILED MAY 5 1945

Registration District No. 277

Primary Registration District No. 4411

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

1. PLACE OF DEATH

(a) County Pike

(b) City or town Bowling Green
(If outside city or town limits, the "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pike 82

(c) City or town Bowling Green
(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 HENRY HARRISON HAVENS

3. (b) If veteran, name war X

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1945 hour _____ minute _____ 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 Sallie Haven 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: Dec 10 1895
(Month) (Day) (Year)

Immediate cause of death Shot wound / self inflicted Duration _____

Due to _____

Due to _____

8. AGE: Years 66 Months 3 Days 28 If less than one day hr. _____ min. _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

9. Birthplace Memphis MO. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Handl. Factory

12. Name Havens

13. Birthplace Dont know 9
(City, town, or county) (State or foreign country)

14. Maiden name Dont know

15. Birthplace Dont know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. H. Haven

(b) Address Bowling Green MO.

17. (a) Burial (b) Date thereof 4 10 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green MO.

18. (a) Signature of funeral director Pratt Bankhead

(b) Address Bowling Green MO

19. (a) April 10-45 (b) Bowling Green MO
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months) _____

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:

(c) 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) (c) Means of injury _____

23. Signature J. C. Gillam (M. D. or other) _____
Louisiana Date signed 4-7-45

1946

RECEIVED

RECEIVED
District Health Officer No. 10
District File Number 5-45-734
Date Filed MAY 4 1945

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 Grace Densford
Licensed Embalmer No. 2204
P. O. Address Bowling Green Va

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. May
Registrar's No. 250Registration District No. 277 Primary Registration District No. 441

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Bowling Green
(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 _____
(Specify whether _____)
In this community _____
years, months or days3. (a) PRINT FULL NAME Henry D. Havens

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 m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Dec 10 1908
(Month) (Day) (Year)8. AGE: Years 66 Months 3 Days _____ If less than one day, _____ min.9. Birthplace _____ (City, town, or county) (State or foreign country) Mo.

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) April 10 - 45 (b) Mrs Frank G. Gada
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 1945 year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)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) suicide(b) Date of occurrence April 8 - 95(c) Where did injury occur Bowling Green Mo
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home on bed roomWhile at work? no (Specify type of place) _____
(e) Means of injury gun shot
with coroner23. Signature J. G. Williams (M. D. or other) _____Address Springfield Mo Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

14271