V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25168

State File No.

Registration District No. 322 Primary Registration District No. 4472 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Slater
(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 39 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline 97
(c) City or town Slater 2
(If outside city or town limits, write "RURAL")
(d) Street No. 840 Jenkins 84
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME John Cleveland Haines
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Male
5. Color or race White
6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ married
6. (b) Name of husband or wife Mattie L Haines
6. (c) Age ~~of husband or~~ wife if alive 70 years
7. Birth date of deceased Dec-20-1867 (Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Temperanceville Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Post Master
11. Industry or business
FATHER 12. Name George C Haines
13. Birthplace Jeffersontown Va (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth McCoy
15. Birthplace Temperanceville (City, town, or county) (State or foreign country)
16. (a) Informant Lamar F Haines Ohio
(b) Address Slater Mo
17. (a) Burial (Burial, cremation or removal) (b) Date thereof 7-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Slater City Cemetery
18. (a) Signature of funeral director Jones & Salzer
(b) Address Slater Mo
19. (a) July 7-45 (Date received local registrar) (b) Mrs. John Gigen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd year 1945 hour 12 minute 30a M.

21. I hereby certify that I attended the deceased from 1940, 19, to July-3-, 1945 that I last saw him alive on July-2-, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	5 days
Due to Diabetis and Arteriosclerosis	
Due to	10 yrs
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) —
(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. C. Duggins (M. D. or other)
Address Slater Mo Date signed 7/5/40

1211

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-9-45

JUL 28 1945

OCT 10 1946

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 Jas E Jones

Licensed Embalmer No. 3143

P. O. Address Slater 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.