

M-2-43  
5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL RECORDS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38127

Registration District No. \_\_\_\_\_

Primary Registration District No. 3049

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Hayti  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 23 Yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pemiscot 78  
(c) City or town Hayti 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Love Hardy

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

4. Sex female 3. 5. Color or race Col. 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
about 56 hr. \_\_\_\_\_ min.

9. Birthplace Howse County Miss. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business home

12. Name Boston Cane

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

14. Maiden name unknown

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

16. (a) Informant Babe Walker

(b) Address Hayti Mo.

17. (a) burial (b) Date thereof 11/13/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti Mo.

18. (a) Signature of funeral director Valhalla Funeral Home  
(b) Address Hayti Mo.

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11  
year 1945 hour 3 minute 27 A. M.

21. I hereby certify that I attended the deceased from December  
1943 to 11-11-1945  
that I last saw her EA alive on 9-9- 1945  
and that death occurred on the date and hour stated above

Immediate cause of death myocardial  
failure

Due to hypertension and  
arterio sclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 J. D. Masters (M. D. or other) \_\_\_\_\_  
Address Hayti Mo. Date signed 11-12-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1613

(Licensed Embalmer's Statement on Reverse Side)

11-45-225

**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 *Jack Kelly*.....

Licensed Embalmer No. *3788*.....

P. O. Address *Hart - 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.