

No. 2
M-2-43
5-17-39
X35997

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4635

FILED MAR 8 1946

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 214

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
515 North 6th. Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 515 North 6th. Street /
(If rural, give location)

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

3. (a) PRINT FULL NAME Albert Hudson Haynes

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male /

5. Color or race White

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

6. (b) Name of husband or wife Nellie Haynes

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

7. Birth date of deceased October 14 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	4	0	_____ hr. _____ min.

9. Birthplace Stewartsville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business _____

MOTHER FATHER

12. Name Harbert Haynes

13. Birthplace Unknown Kentucky /
(City, town, or county) (State or foreign country)

14. Maiden name Lillie Ann Hunt

15. Birthplace Unknown Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant Anna B. Moore

(b) Address 515 No. 6th. St. St. Joseph, Mo.

17. (a) Removal (b) Date thereof 2/16/ 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stewartsville, Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Feb. 21, 1946 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14th.
year 1946 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Oct 24
1945 to Feb 14 1946
that I last saw him alive on Feb 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral thrombosis 14 hrs

Due to Arteriosclerosis 15-20 yrs

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) _____

(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. Signed Charles H. Kerner (M. D. brother)
22 Kirkpatrick Bldg. Feb 15 1946
(Date)

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

3659

34

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..... *Albert E. Harrington*

Licensed Embalmer No. 3258 Missouri.

P. O. Address..... St. Joseph, Missouri.

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.