

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1946
128

State File No. 9073
Registrar's No. J/18

Registration District No. 128 Primary Registration District No. 2006

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: Burge Hospital
(d) Length of stay: In hospital or institution 24 hrs.
In this community 24 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Webster
(c) City or town Conway
(d) Street No. RT #1
(e) Citizen of foreign country? NO
If yes, name country X

3. (a) PRINT FULL NAME Connie Sue Haymes
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day -4-
year 1946 hour -1- minute 25 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, INFANT
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased June 23, 1945

21. I hereby certify that I attended the deceased from 3-3-46 to 3-4-46
that I last saw him alive on 3-4-46
and that death occurred on the date and hour stated above.

Immediate Cause of death Intussusception
Duration 2 d
Due to
Due to
Other conditions 1579
Major findings: Gauze and of ceum
Of operations
Of autopsy

8. AGE: Years 70 Months 8 Days 7
If less than one day X hr. X min.

9. Birthplace Conway Mo.
10. Usual occupation child
11. Industry or business X

MOTHER FATHER
12. Name Ira Haymes
13. Birthplace UNK Mo.
14. Maiden name Marie Larimore
15. Birthplace UNK Mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Ira Haymes
(b) Address Conway, Mo.
17. (a) Burial (b) Date thereof 3-6-46
(c) Place: burial or cremation Graham Cemetery
18. (a) Signature of funeral director Cey Jolley
(b) Address Marshfield, Mo.
19. (a) 3-6-46 (b) or WE Handley

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?
(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. Signature Leba Bessick M.D. or other
Address Springfield, Mo. Date signed 3-5-46

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

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.....

L. J. Ramsey
Licensed Embalmer, No. 3312

P. O. Address.....
X Marshfield, 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.