

7. S. No. 2
OM-5-42
ev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11877

State File No.

FILED APR 12 1946

Registration District No. 322

Primary Registration District No. 3071

Registrar's No.

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 ✓
 In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Saline
 (c) City or town Slater (If outside city or town limits, write "RURAL")
 (d) Street No. 825 Elm St (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country:

3. (a) PRINTED FULL NAME Jesse Higgett Haynie
 3. (b) If veteran, name war:

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 3 day 29
 year 1946 hour 5 minute 45 A.M.

4. Sex male 5. Color white 6. (a) Single, widowed, married, divorced, divorced
 6. (b) Name of husband or wife:

21. I hereby certify that I attended the deceased from March 29, 1946 to March 29, 1946
 that I last saw him alive on March 29, 1946
 and that death occurred on the date and hour stated above.

7. Birth date of deceased: April 2, 1898
 (Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage

8. AGE: Years 47 Months 11 Days 27 If less than one day hr. min.

Due to Hypertension
 Due to 4 + albumin

9. Birthplace Slater Mo
 (City, town, or county) (State, foreign country)
 10. Usual occupation grocery merchant
 11. Industry or business grocery merchant

Other conditions (Include pregnancy within 3 months of death)
 Major findings: -
 Of operations: -
 Of autopsy: - (JCN)

12. Name Wm R. Haynie
 13. Birthplace Wanda Mo
 (City, town, or county) (State, foreign country)
 14. Maiden name Carrie Higgett
 15. Birthplace Slater Mo
 (City, town, or county) (State, foreign country)

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

16. (a) Informant Roger Haynie
 (b) Address Slater Mo
 17. (a) (Burial or removal) Slater Mo (b) Date thereof 3-31-46 (City or town) (County) (State) (Year)
 (c) Place: burial or cremation Slater City Cemetery
 18. (a) Signature of funeral director Wm R. Haynie
 (b) Address Slater Mo
 19. (a) Apr 3, 1946 (b) Wm Carl C. Metz (Date received local registrar) (Registrar's signature)

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)
 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 W. C. DeGroot, M.D. (Physician or other)
 Address Slater Mo Date signed 3/29/46

292 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
97
2
1
10783

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-11-46

APR 13 1946

OCT 6 1946

APR 23 1956

APR 18 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.....

working under my personal supervision.

Registered Apprentice No. ✓

Signed James J. Jones

Licensed Embalmer No. 3143

P. O. Address State St

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.