

FILED JUN 6 1946 STANDARD CERTIFICATE OF DEATH

State File No. 16221

Registration District No. 104

Primary Registration District No. 4176

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Dunklin
 (b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
501 N. Beckwith 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
 (c) City or town Malden, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 501 N. Beckwith 1
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Guy Douglas Haskins Sr

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Annie Hendricks 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased November 17 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 6 2 _____ hr. _____ min.

9. Birthplace Dyer County Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation land owner, ginner

11. Industry or business land owner, ginner

12. Name John Christopher Haskins

13. Birthplace Dyer County - Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Annie Eliza

15. Birthplace Sumner County - Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Quintard Glass

(b) Address Newbern Tenn.

17. (a) Burial (b) Date thereof 5-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremations Fairview - Newbern Tenn.

18. (a) Signature of funeral director Clayton Koolman

(b) Address Newbern Tenn.

19. (a) 5-22-46 (b) J. A. Schauman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th
 year 1946 hour 1 minute 0 P. M.

21. I hereby certify that I attended the deceased from 1939
 _____, 19 _____ to May 20, 1946
 that I last saw him alive on May 19, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Cholera
Myocarditis

Due to _____
 Due to _____

Other conditions Generalized edema
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration 10 yrs
 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)
 (c) Means of injury _____

23. Signature J. E. Mitchell (M. D. or other) M.D.
 Address Malden Mo. Date signed 5/21/46

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

X35897

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3
1

37 N111

RECEIVED

District Health Office No. 2,

District File Number 646-668

Date Filed 6-5-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.