

S. No. 2  
1-12-45  
5-17-39  
P. 1 X47070

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

32461

State File No. \_\_\_\_\_

FILED OCT 11 1946

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 119

1. PLACE OF DEATH:

(a) County DeWitt

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

(c) Name of hospital or institution:  
1102 D. Cedar Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeWitt

(c) City or town DeWitt  
(If outside city or town limits, write "RURAL")

(d) Street No. 1102 D. Cedar  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas Jasper Haver

3. (b) If veteran, name war World War I

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16 year 1946 hour 8 minute P.

21. I hereby certify that I attended the deceased from 19 August 1946 to 16 Sept 1946  
that I last saw him alive on 15 September 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of hair White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Frances Haver 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased February 26 1886  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 3 day

8. AGE: Years 60 Months 6 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Hypertension, cause unknown

9. Birthplace Hayes Co. Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Trucker

Due to \_\_\_\_\_

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

MOTHER FATHER:

11. Industry or business \_\_\_\_\_

12. Name Florence Haver

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

14. Maiden name Franklin

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

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

Of autopsy \_\_\_\_\_

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

16. (a) Informant Mrs. Marie Haver

(b) Address 1102 D. Cedar Street

17. (a) Burial (b) Date thereof Sept 19, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mass Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Harry General While at work? \_\_\_\_\_ (Specify type of place)

(b) Address DeWitt Mo. Means of injury \_\_\_\_\_

19. (a) 10-2-46 (b) Malcolm Bruce  
(Date received local registrar) (Registrar's signature)

23. Signature Roy W. Peunf (M. D. or other) MD

Address DeWitt Mo Date signed 25 Sept 46

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

NOV 7 1946

REC-5

Officer No. 7,

9-46-1027

Date Filed

10-9-46

DEC 17 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 Me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

R B Ferry

Licensed Embalmer No. 1760

P. O. Address Nebraska, etc

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.