V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32907

FILED OCT 16 1946

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 329

4
1
2

31735

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 y 3 m 3 d (Specify whether
In this community 33 y 3 m 3 d years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Boone 14
(c) City or town Wilton 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN HAID jr

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 S
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased March (Month) 12 (Day) 1873 (Year)

8. AGE: Years 75 | Months 6 | Days 22 | If less than one day ___ hr. ___ min.

9. Birthplace Mo (City, town, or county) 6 (State or foreign country)
10. Usual occupation farmer
11. Industry or business farm
FATHER
12. Name dK 9
13. Birthplace dK (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name dK
15. Birthplace dK (City, town, or county) 9 (State or foreign country)
16. (a) Informant Hospital records
(b) Address Fulton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Hart Hill Cemetery
18. (a) Signature of funeral director Thorpe J Gordon
(b) Address Jefferson City Mo
19. (a) Oct 7 1946 (Date received local registrar) (b) Josie Morsmilhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day 5
year 1946 hour 5 ~~minute~~ a M.
21. I hereby certify that I attended the deceased from Oct 3, 1946 to Oct 5, 1946
that I last saw him alive on Oct 4, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	2 yr
Due to	
Due to	
Other conditions general arteriosclerosis (Include pregnancy within 3 months of death)	3 yr

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J Caldwell (M. D. or other) MD
Address Fulton Mo Date signed 10/5/46

38 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-14-46

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 Fred P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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.