

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED NOV 7 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 178

Primary Registration District No. 4281

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Lewis

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

(c) Name of hospital or institution: Life
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

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

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME Edith Haney

3. (b) If veteran, name war: --

3. (c) Social Security No. --

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife: ----

6. (c) Age of husband or wife if alive: ---- years

7. Birth date of deceased April 5, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 5 16 hr. min.

9. Birthplace Terre Haute, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

MOTHER FATHER

12. Name Alonzo Haney

13. Birthplace Shelby County, Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Jopeshine Thorpe Johns

15. Birthplace Butler County, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant M. Frank Haney

(b) Address Canton, Missouri

17. (a) Burial (b) Date thereof 9/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Grove

18. (a) Signature of funeral director J. Alder Jr.

(b) Address Canton, Missouri

19. (a) 9/23/46 (b) P. W. Jennings, MB
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21st
year 1946 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 24 1946
19... to Sept 21, 1946
that I last saw her alive on Sept 20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
hepatic cirrhosis with attending acutis

Duration 2 yrs

Due to

Due to

Other conditions (include pregnancy within 5 months of death)

Major findings:
Of operations 124B

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?

(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 21

23. Signature Dawn Buchanan (M. D. or other) MD
Address Canton Mo Date signed 9/23/46

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

RECEIVED
District Health Officer No. 10
District File Number 10-46-1982
Filed OCT 31 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 Myself
....., Registered Apprentice No.
working under my personal supervision.

Signed: J. E. ...
Licensed Embalmer No. 4328
P. O. Address Canton, Ind

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.