No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36618

Registration District No. 118 Primary Registration District No. 5440 Registrar's No. 31

1. PLACE OF DEATH:

(a) County GASCONADE
(b) City or town "RURAL" CLAY TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BLAND MO. ROUTE 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 47 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE
(c) City or town "RURAL"
(If outside city or town limits, write "RURAL")
(d) Street No. BLAND MO. ROUTE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME LESTER ALEXANDER HAYNES

3. (b) If veteran, name war NONE
3. (c) Social Security No. ✓

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ROSIE HAYNS (NEE CARROL)
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased DEC. (Month) 20 (Day) 1874 (Year)

8. AGE: Years 71 Months 10 Days 26 If less than one day ✓ hr. ✓ min.

9. Birthplace 3RD. CREEK (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation FARMING AND TIMBER WORK
11. Industry or business
FATHER
12. Name MARION HAYNES
13. Birthplace THIRD CREEK (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name BARBARA BARBARICK
15. Birthplace THIRD CREE (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MARION HAYNES
(b) Address OWENSVILLE MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/19/46 (Month) (Day) (Year)
(c) Place: burial or cremation LIBERTY CEM. CANAAN MO.
18. (a) Signature of funeral director Milford H.H. Winter
(b) Address OWENSVILLE MO.
19. (a) 12-7-46 (Date received local registrar) (b) Dorothy Hoffman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 16
year 1946 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from Aug. 3 1946 to Nov. 16 1946
that I last saw him alive on Nov. 10 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Right Hemiplegia Due To Cerebral Hemorrhage On Hypertensive Basis	4½ mos.
Due to	
Due to	
Other conditions Bilateral indirect inguinal hernias (Include pregnancy within 3 months of death)	25 yrs.

Major findings:
Of operations None
Of autopsy None

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 Paul A. Brenner M.D. (M. D. or other)
Address Owensville, Mo. Date signed 11-18-46

363

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 12-2-46

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

Signed Mulford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.