. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37896

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 438

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital 10 Days (Specify whether
In this community 66 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town La Monte (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME JAMES Ollie DeHaven
3. (b) If veteran, name war
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 Jennie DeHaven
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased August (Month) 12 (Day) 1880 (Year)

8. AGE: Years 66 Months 3 Days 2 If less than one day hr. min.

9. Birthplace La Monte Mo. (City, town, or county) U (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER 12. Name NOAH DeHaven
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sallie Comfort DeHaven
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Clyde H. DeHaven
(b) Address Spring Fork Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-1946 (Month) (Day) (Year)
(c) Place: burial or cremation La Monte Mo
18. (a) Signature of funeral director Paul M Moore
(b) Address La Monte Mo.
19. (a) 11-18-46 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15 year 1946 hour 7 35 minute a M.
21. I hereby certify that I attended the deceased from Oct 27, 1946, to Nov 15, 1946, that I last saw him alive on Nov 14, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 2½ Wks
Due to Cause Unknown
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 83A
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) 0
While at work? Means of injury
23. Signature A. L. Walter (M. D. or other) M.D.
Address Sedalia Mo Date signed Nov 16-46

(Licensed Embalmer's Statement on Reverse Side)

281

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-30-46

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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.