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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 431

Registration District No. 146 Primary Registration District No. 3026

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium & Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 weeks (Specify whether)
In this community 2 weeks (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Oak Grove (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi South West (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AMOS E HAINES
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 30 day December
year 1946 hour 8 minute 35 P.M.
21. I hereby certify that I attended the deceased from December 21/14 to December 30, 1946
that I last saw him alive on December 30, 1946; and that death occurred on the date and hour stated above.

4. Sex mo 5. Color or race w 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Pauline 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased: Sept - 5 - 1862
(Month) (Day) (Year)

Immediate cause of death Terminal Uremia Duration 3 days
Due to Fracture left femur 16 days
Due to Generalized Atherosclerosis Unknown
Some Central Atherosclerosis 4 hrs.
Other conditions none
(Include pregnancy within 3 months of death)

8. AGE: Years 84 Months 3 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Rayalton Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____
12. Name Michael Haines
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Haines
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: Of operations X-ray - trans thoracic fracture left femur
Of autopsy 1862
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Maude Phelps
(b) Address Oak Grove mo. R.F.D.
17. (a) Burial (b) Date thereof. 1-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Buckner mo.
18. (a) Signature of funeral director Mrs G. W. Webb, Son
(b) Address B.F.D. Springs mo
19. (a) 1-3-47 (b) W. H. Arkison
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: 120
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence December 14, 1946
(c) Where did injury occur? Independence Jackson, Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home
While at work? no (Specify type of place) (c) Means of injury st. fell
23. Signature W. H. Arkison (M. D. or other) W. H.
Address 1210 S. Main Independence Date signed Dec 31 '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..... *A B Webb.*

Licensed Embalmer No. *2353*

P. O. Address *Blue Springs 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.