

0. 2
2-43
7-39
X35697

Bond

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41546

FILED JAN 14 1947

State File No. 41546

Registration District No. 267

Primary Registration District No. 5902

Registrar's No. /

1. PLACE OF DEATH:
 (a) County Pemiscot
 (b) City or town Hayti Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pemiscot 78
 (c) City or town Hayti Rural 9
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Richard Earl Haney
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 24,
 year 1946 hour 4 minute A. M.

4. Sex male 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

21. I hereby certify that I attended the deceased from Dec. 21, 1946, to Dec. 24, 1946
 that I last saw him alive on Dec. 23, 1946
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Dec. 21 1946
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>3</u>	hr. _____ min.

Immediate cause of death hemorrhage of brain
 Due to Difficult delivery
 Due to _____

9. Birthplace Hayti rural Mo.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
 Major findings: 1600
 Of operations _____
 Of autopsy _____

10. Usual occupation infant
 11. Industry or business _____
 12. Name Richard Haney
 13. Birthplace Lepanto Ark.
(City, town, or county) (State or foreign country)
 14. Maiden name Rosie Durringer
 15. Birthplace Blytheville Ark.
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Richard Haney
 (b) Address Hayti Mo.
 17. (a) burial (b) Date thereof 12/24, /46
(Burial, cremation, or removal) (Month) (Day) (Year)

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)

(c) Place: burial or cremation Hayti Mo.
 18. (a) Signature of funeral director Valhalla Funeral Home
 (b) Address Hayti Mo.
 19. (a) 1-6-47 (b) H. Kelley
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury 0
 23. Signature H. D. Bond M.D. (M. D. or other)
 Address Hayti, Mo. Date signed _____

360

(Licensed Embalmer's Statement on Reverse Side)

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

1-47-24.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.