

S. No. 2  
1-8-13  
5-17-39  
P I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS  
**FILED APR 17 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16172**

Registration District No. **349**

Primary Registration District No. **4514**

Registrar's No. **7**

1. PLACE OF DEATH:  
 (a) County Sullivan  
 (b) City or town Green City, Mo.  
(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  
 In this community 3 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Sullivan <sup>105</sup>  
 (c) City or town Green City, Mo. <sup>0</sup>  
(If outside city or town limits, write "RURAL") <sup>0</sup>  
 (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 Jerimiah Gideon Haynes

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 Ella Haynes 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 13 1889  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>0</u>	<u>17</u>	hr. _____ min.

9. Birthplace Linn Co Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Thomas Pavton Haynes

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Rhoda Lunsford

15. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Haynes  
(b) Address Green City, Mo.

17. (a) Burial (b) Date thereof Apr 4, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Haynes Cemetery

18. (a) Signature of funeral director Glenn E. Kent  
(b) Address Green City, Mo.

19. (a) 4-12-1947 (b) Laura M. Shaw  
(D to received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 1 year 1947 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from Apr 1, 1947 to Apr 1, 1947 that I last saw him alive on Apr 1 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions OB A  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury.

23. Signature M. H. ... MD (M. D. or other)  
Address Green City, Mo. Date signed 4-5-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SEP 17 1948

RECEIVED  
District Health Officer No. 10  
District File Number 4-47-22  
Date Filed APR 15 1947

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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Green City 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.