

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

FILED JUL 3 1947

Registration District No. **107**

Primary Registration District No. **30-19-5422**

Registrar's No. **195**

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

35
00

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett - 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.....
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Kennett - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 10 mi. N.W.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Myrtle Haynes Mc Gregor

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mc Gregor

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased March 9 1897
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1947 hour 2:45 minute 0 A.M.

21. I hereby certify that I attended the deceased from 1943
19....., to June 10, 1947

that I last saw her alive on June 10, 1947,
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>3</u>	<u>1</u> hr. min.

9. Birthplace Marble Hill Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Immediate cause of death Cerebral Hemorrhage Duration.....

Due to hypertension

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

MOTHER FATHER

11. Industry or business.....

12. Name Napoliare B. Haynes

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

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clay Mayberry

(b) Address Kennett, Mo.

17. (a) Cremation (b) Date thereof June 11 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Paul Salzman

(b) Address Kennett, Mo.

19. (a) 6-14-47 (b) Earl Husband
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury.....

23. Signature [Signature] (M. D. or D. O.) [Signature]

Address Kennett Mo. Date signed 10-47

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

RECEIVED

District Health Office No. 2,

District File Number 242-913

Date Filed 7-1-47

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.....

Allen F. Leonard

Registered Apprentice No. 415

working under my personal supervision.

Signed.....

A. Palmer

Licensed Embalmer No. 2556

P. O. Address.....

Keeneth, 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.