

Registration District No. 387

Primary Registration District No. 4085

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Hale
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community most of life. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll

(c) City or town Hale
(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 Ella Haynes

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7 year 1947 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec 1942 to Aug 7 1947

4. Sex F 5. Color or race N 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Oliver J. Haynes 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased Jan. 181947
(Month) (Day) (Year)

that I last saw h. _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach 5 years

Due to _____

Due to _____

8. AGE: Years 73 Months 6 Days 19 If less than one day hr. _____ min. _____

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

Major findings: 46

Of autopsy _____

9. Birthplace Wayne Co Ky 1
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Nathaniel Morrison 9

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

14. Maiden name unknown unknown

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

16. (a) Informant Ralph Haynes
(b) Address Hale Mo

17. (a) Burial (b) Date thereof 8-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Snow 8 Center

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? _____

18. (a) Signature of funeral director Frank E. Slater
(b) Address Hale Mo

19. (a) 8-9-47 (b) Max Reg. Henderson
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Dr. Chas. A. Welch (M. D. or other) DO
Address Hale, Mo Date signed 8-9-47

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

8-29-47

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 _____

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Frank E. Slater

Licensed Embalmer No. _____

937

P. O. Address _____

Hale 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.