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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35208

FILED NOV 4 1947

Registration District No. 268

Primary Registration District No. 5906

Registrar's No.

78
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1. PLACE OF DEATH:

(a) County: Pemiscot

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

(c) Name of hospital or institution: Home /
(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)
In this community: Life-time

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pemiscot

(c) City or town: Wardell
(If outside city or town limits, write "RURAL")

(d) Street No.: X
(If rural, give location)

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

3. (a) PRINT FULL NAME: Charles Arthur Haynes

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

3. (c) Social Security No.: X

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Dollie Lee Haynes

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

7. Birth date of deceased: December (Month) 27, (Day) 1875 (Year)

8. AGE: Years 71 | Months 8 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace: East Prairie, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: X

FATHER
12. Name: Unknown 9
13. Birthplace: Unknown / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Dollie Lee Haynes
(b) Address: Wardell, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9/23/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Portageville, Mo.

18. (a) Signature of funeral director: H. L. Smith Funeral Home
(b) Address: Caruthersville, Mo.

19. (a) 9-30-1947 (Date received local registrar) (b) Mrs N. Gullett (Registrar's signature) 284

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20 year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 7, 1947, to Sept 20 1947 that I last saw him alive on Sept 20 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 5 yrs

Due to:

Due to:

Other conditions: Chr. Prostatitis — Duration: 3 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations: NP
Of autopsy: NP

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

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)
While at work? (e) Means of injury: 0

23. Signature: John J. Killion (M. D. or other)
Address: Portageville, Mo. Date signed: 9-20-47

(Licensed Embalmer's Statement on Reverse Side)

11-47-291

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 William D. Fike, Registered Apprentice No. 440, working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.