

FILED DEC 8 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37133

Registration District No. 142

Primary Registration District No. 1000

Registrar's No. 1410

1. PLACE OF DEATH:

(a) County..... Buchanan
 (b) City or town..... St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mo. Metho. Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 1 day
 (Specify whether
 In this community..... 2 weeks
 years, months or days)

3. (a) PRINT FULL NAME..... RUFUS HAYNIE

3. (b) If veteran, name war..... None
3. (c) Social Security No. 486-30-1440

4. Sex Male 0
 5. Color or race white
 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife..... Bessie
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased..... March 26, 1881
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	7	23	hr. min.

9. Birthplace..... Monroe County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation..... Carpenter

11. Industry or business..... Self

12. Name..... George Haynie
 13. Birthplace..... unknown unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Lina Clark 0
 15. Birthplace..... Monroe County, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Edgar Haynie, brother
 (b) Address..... 208 Elizabeth St., City

17. (a) burial (b) Date thereof 11-20-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... King Hill Cemetery

18. (a) Signature of funeral director..... [Signature]
 (b) Address..... 6054 Pryor Ave., City

19. (a) 12-3-47 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... Jackson
 (c) City or town..... Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No..... 1616-Grand Avenue
 (If rural, give location)
 (e) Citizen of foreign country: no (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Nov. day 19
 year..... 1947 hour 2:05 minute A. M.

21. I hereby certify that I attended the deceased from.....
 11-14-47, 19 to 11-19-47, 19
 that I last saw him alive on 11-18-47, 19
 and that death occurred on the date and hour stated above.
 Duration

Immediate cause of death..... Chronic Myocardial insufficiency
 unknown

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 8 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) (Cause of injury)

23. Signature..... [Signature] (M. D. or D.O.)
 Address..... 217 Kirkpatrick Bldg. Date signed 12-1-47

48
3
8

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.....

John E. Ruff
.....
Licensed Embalmer No. *3986*
P. O. Address *St Joseph, 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.