

S. No. 2
1-1/47
5-17-39

FILED FEB 6 1947
Registration District No. 2047

Primary Registration District No. 3049

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Hayti
(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 15 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town Hayti
(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 Helen Haynes

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

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th
year 1948 hour _____ minute 00 P. M.

4. Sex Female 5. Color of hair Colored

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

6. (b) Name of husband or wife Beatha Haynes

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased April 22, 1906
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>9</u>	<u>2</u>	_____ hr. _____ min.

Immediate cause of death venous thrombosis as this woman was found dead in bed

Due to _____

Due to _____

9. Birthplace Memphis Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation cook at school

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

Due to _____

Due to _____

MOTHER FATHER

11. Industry or business _____

12. Name Alex Bell

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

14. Maiden name Emily Alexander

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

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

16. (a) Informant Carrie Smith

(b) Address Memphis Tenn

17. (a) Burial (b) Date thereof 1-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steele, Mo

18. (a) Signature of funeral director Zalabella Furman

(b) Address Hayti, Mo

19. 2-3-48 (Date received local registrar)

John German (Registrar's signature)

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 _____ Means of injury _____

23. Signature Jack Kelly (M.D. or other) _____

Hayti, Mo Address _____ Date signed 2-3-48

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

2-48-35

MS
MAR 8 1960

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 H. Gorman
Licensed Embalmer No. 4255
P. O. Address 105 E. Washington Hayti, 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.