No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 5 1948

Registration District No. 393

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3074

State File No. 3659

Registrar's No. 19

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

1. PLACE OF DEATH:
(a) County: SCOTT
(b) City or town: Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Frisco Railroad crossing 3
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri. (b) County: Scott 100
(c) City or town: Sikeston 5
(If outside city or town limits, write "RURAL")
(d) Street No. 241 S. Kathlene St., 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: ZETA MAE HAYNES

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

3. (c) Social Security No. .....

4. Sex: Female 2

5. Color or race: Black

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

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

6. (c) Age of husband or wife if alive: 38 years

7. Birth date of deceased: February (Month) 18 (Day) 1920 (Year)

8. AGE:

Years	Months	Days	If less than one day
28	1	1	....hr. ....min.

9. Birthplace: Maroma (City, town, or county) Arkansas (State or foreign country) 1

10. Usual occupation: House wife
House wife

11. Industry or business .....

FATHER
12. Name: John Nables
13. Birthplace: Cotton plant Ark., 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Viola Blue
15. Birthplace: Shanny Village, Ark., 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Husband
(b) Address: 241 S. Kathlene St.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sunset cemetery

18. (a) Signature of funeral director: Orville Taylor
(b) Address: Sikeston, Mo

19. (a) 1-29-48 (Date received local registrar) (b) Mo. F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan., day 19 year 1948 hour 12 minute 43 M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: (accident) crushed chest, Broken Lt. leg, broken Rt., and Lt., Arm

Due to: Train hitting car.

Due to: .....

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

Major findings:
Of operations: .....
Of autopsy: .....

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident 1-A
(b) Date of occurrence: 19 January 1948
(c) Where did injury occur? Sikeston, (City or town) Scott (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Railroad crossing (Specify type of place)
While at work? no. (e) Means of injury: 3

23. Signature: Orville Taylor ~~Coroner~~
Address: Sikeston, Mo Date signed 1-27-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1948

RECEIVED
District Health Office No. 2,
District File Number 148-163
Date Filed 1-30-48

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 James M Scott

Licensed Embalmer No. 4053

P. O. Address East Prairie

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.