

No. 2
-12-45
17-39
X47070

State File No. _____

FILED APR 6 1948

Registration District No. 59

Primary Registration District No. 5221

Registrar's No. 62

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

1. PLACE OF DEATH:

(a) County Gas

(b) City or town Gascon City Mo. (Rural)
(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 68 yrs years, months or days (Specify whether)

3. (a) PRINT FULL NAME James Riley Haynes

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

4. Sex Male 5: Color or race White

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

6. (b) Name of husband or wife Mattie Hama Mills 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased November 25 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 3 26 hr. _____ min.

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

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____

12. Name Thomas Haynes

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

14. Maiden name Rosa Belle Howard

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

16. (a) Informant Mrs. Mattie Haynes

(b) Address Garden City, Mo.

17. (a) Burial (b) Date thereof 3/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden City, Mo.

18. (a) Signature of funeral director Atkinson Bros.

(b) Address Gascon City, Missouri

19. (a) March 27, 48 (b) Laura J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass

(c) City or town Garden City Mo. (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. North of Dayton
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1948 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 6
1947 to March 24 1948

that I last saw him alive on March 23 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Arteriosclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

650

Duration _____

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? _____

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

23. Signature R. J. Cannon (M. D. or other) 20

Address Gascon City, Mo. Date signed 3/29/48

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

Floyd Atkinson

Licensed Embalmer No. *3920*

P. O. Address

Harrisonville

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.