

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8456

State File No.

FILED APR 1 1948

Registration District No. ~~127~~ 124

Primary Registration District No. 5459

Registrar's No. 3.

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

1. PLACE OF DEATH:

(a) County Greene Co.

(b) City or town Bois Dore, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community For many years. years, months or days)

3. (a) PRINT FULL NAME BRANKLYN MONYOC HAYNIE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive nil years

7. Birth date of deceased 7 (Month) 15 (Day) 1898 (Year)

8. AGE: Years 89 Months 7 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired farmer

11. Industry or business Farming

12. Name WM. G. HAYNIE

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

14. Maiden name unknown

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

16. (a) Informant Gordon Haynie

(b) Address Bois Dore, R.F.D.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 14 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Johns Chapel

18. (a) Signature of funeral director Morris Lemm

(b) Address 3000 Oak Grove, Mo

19. (a) 3/27/48 (Date received local registrar) (b) Drew R. Hibert (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Bois Dore, R.F.D.
(If outside city or town limits, write "RURAL")

(d) Street No. nil (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11, year 1948 hour 6 minute 9 A.M.

21. I hereby certify that I attended the deceased from March 8 1948 to March 11 1948
that I last saw him alive on March 8 1948
and that death occurred on the date and hour stated above.

Immediate cause of death I saw him only once and he had organic heart disease of several years duration

Due to _____

Due to _____

Other conditions General senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations 95

Of autopsy no autopsy

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 0

23. Signature S. M. Clark M.D. (M. D. or other)

Address Halltown, Mo. Date signed 3-12-48

RECEIVED

Greene County Health Office,

County File Number 48-3-29

Date Filed 3-31-48

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 E. R. Lunion

Licensed Embalmer No. 3297

P. O. Address Miller 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.