

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

FILED MAY 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

12317

State File No. \_\_\_\_\_

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 935

1. PLACE OF DEATH:

(a) County Henry  
 (b) City or town Clinton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none  
 (Specify whether years, months or days)  
 In this community 5 years

3. (a) PRINT FULL NAME JAMES AL. HAUN

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced Mar  
 6. (b) Name of husband or wife Gilda Haun 6. (c) Age of husband or wife if alive 1 years  
 7. Birth date of deceased June 18 1872  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 10 13 hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business same

12. Name Henry Clay Haun

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

14. Maiden name Sarah Ann Beckman

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

16. (a) Informant Alvin Arwood

(b) Address Centerville Mo

17. (a) Burial (b) Date thereof May 2 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Halden, Mo

18. (a) Signature of funeral director Paradise Hopp

(b) Address Halden Mo

19. (a) 5-4-48 (b) R. R. Kermey  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
 (c) City or town Clinton  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1  
 year 1948 hour 13:15 minute A M.

21. I hereby certify that I attended the deceased from 24 Apr 1948 to April 30 1948;  
 that I last saw him alive on April 30 1948;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 2 wks.  
 Due to arteriosclerosis 2 yrs.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 940

Of autopsy \_\_\_\_\_

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? 0

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature James D. Smith (M. D. or other) MD

Address Clinton, Mo. Date signed 5-9-48

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 7,  
District File Number 4-48-487  
Date Filed 5-10-48

34 08 101435 34 101435  
84 08 101435 84 101435  
NEW 101435 101435  
NEW 101435 101435

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.....

*M. Lewis Canaday*

Licensed Embalmer No. 3434

P. O. Address Holden, 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.