

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15297**

FILED APR 28 1948

Registration District No. **376**

Primary Registration District No. **4560**

Registrar's No. **11**

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

1. PLACE OF DEATH:

(a) County **Wright**

(b) City or town **Herford**

(c) Name of hospital or institution **Rest Haven 4**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **3 mo.**
(Specify whether)

In this community **3 mo.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ozark**

(c) City or town **rural** **Brickell 77**
(If outside city or town limits, write "RURAL")

(d) Street No. **0**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Nancy Matilda Haynes**

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **5** year **1948** hour **7** minute **A.** M.

21. I hereby certify that I attended the deceased from **April 19 1948** to **April 25 1948**

that I last saw her alive on **April 3 1948** and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **w**

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

6. (b) Name of husband or wife **John M. Haynes**

6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **Feb. 19 1978**
(Month) (Day) (Year)

Immediate cause of death **Myocardial Infarction**

Due to **arteriosclerosis**

8. AGE: Years **70** Months **1** Days **16** If less than one day hr. min.

Due to **Y.O.B. Base**

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Ozark Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

Major findings: Of operations **A.B.**

Of autopsy **A.B.**

PHYSICIAN **—**
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business **John Lung**

12. Name **John Lung**

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

14. Maiden name **Martha Ann Durschell**

15. Birthplace **Park Co. Mo.**
(City, town, or county) (State or foreign country)

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?

16. (a) Informant **Effie Sims**

(b) Address **Gainesville Mo.**

17. (a) **burial** (b) Date thereof **4-8-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Smiths Chapel**

While at work? (Specify type of place) (c) Means of injury

23. Signature **W. H. Wood** (M. D. or other) **4/5**

Address **W. H. Wood** Date signed **4/5/48**

18. (a) Signature of funeral director **W. H. Wood**

(b) Address **W. H. Wood**

19. (a) **4-19-48** (b) **M. A. R. Worsam**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 448-536

Date Filed APR 26 1948

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 Denver Roller

Licensed Embalmer No. 4006

P. O. Address Intn. Home Ark.

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.