

STANDARD CERTIFICATE OF DEATH

17112
State File No. _____
Registrar's No. 45

National Office of Vital Statistics

FILED JUN 4 1948

Registration District No. 267

Primary Registration District No. 5902

1. PLACE OF DEATH:

(a) County Demiseot
(b) City or town Hayti Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Demiseot
(c) City or town Hayti Rural 78
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

In this community _____ years, months or days

3. (a) PRINT FULL NAME John Henry Dabney

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

4. Sex Male 5. Color Colored 6. (a) Single widowed married, divorced _____ 2

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 73 _____ hr. _____ min.

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

10. Usual occupation Insane

11. Industry or business _____

MOTHER FATHER

12. Name Unknown 9

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

14. Maiden name " 9

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

16. (a) Informant County Farm Records

(b) Address Hayti Mo.

17. (a) Burial (b) Date thereof 5-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti County Farm Cen Mo.

18. (a) Signature of funeral director John W. Gorman

(b) Address Hayti, Mo.

19. (a) 5-27-48 (b) John W. Gorman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1948 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 15 1948 to May 6 1948
that I last saw h. l.m. alive on May 6 1948
and that death occurred on the date and hour stated above. Duration _____

Immediate cause of death Gangrene of foot 1 M O

Due to arteriosclerosis

Due to Senility

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

Major findings:
Of operations _____

Of autopsy 97

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) _____

(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? _____ (e) Means of injury 9

23. Signature S. B. Beecher (M. D. or other) _____

Address Conthessville Date signed 5-10-48

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

~~6-48-174~~
6-48-174

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.

not embalmed
Signed _____
Licensed Embalmer No. _____

P. O. Address _____

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.