

FILED JUN 10 1942
Registration District No. 347

Primary Registration District No. 5494

State File No. _____
Registrar's No. 124

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural Bear Creek Twp.
(c) Name of hospital or institution:
5 mi N of Montrose
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 30 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi N of Montrose
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Allen H Haynes

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

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

6. (b) Name of husband or wife Melissa Haynes 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased: 6 (Month) 21 (Day) 1865 (Year)

8. AGE: Years 76 Months 11 Days 6 If less than one day hr. _____ min. _____

9. Birthplace: Dade Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business _____
12. Name Wm Haynes
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Carl Haynes

(b) Address Montrose Mo

17. (a) Rural (b) Date thereof 5-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation fields creek cem

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) May 28 1942 Henzia Kitchen
(Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 23 1941 to May 27 1942
that I last saw him alive on May 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration 5 mo

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 _____
23. Signature W. E. Baggerl (M. D. or other) MD
Address Montrose Mo Date signed 5-28-42

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

42
0
0

1069

RECEIVED

District Health Officer No. 7;

District File Number 6-42-572

Date Filed 6-8-42

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

Fred Wilkerson

Licensed Embalmer No. 278

P. O. Address Clinton

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.