

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

REV. 6-11-39
FORM 1 1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11431

State File No. _____

Registration District No. 421

Primary Registration District No. 5576

Registrar's No. 27

1. PLACE OF DEATH

(a) County JEFFERSON
 (b) City or town VALLES MINES
 (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 _____
 (Specify whether _____)
 In this community _____
 years, months or days 162

3. (a) PRINT FULL NAME LOWIS FRANKLIN HAVERSTICK

3. (b) If veteran, name war none 3. (c) Social Security No. 488-12-7225

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

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

7. Birth date of deceased June 8 1877
 (Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Valles Mines MO
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John G. Haverstick 9

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

14. Maiden name Lorinda Larkin
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Mrs Etha Haverstick

(b) Address Valles Mines Mo.

17. (a) Burial (b) Date thereof 3-10-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olive

18. (a) Signature of funeral director E. L. Fink
 (b) Address Festus, Mo.

19. (a) 3/12/40 (b) J. C. Rutledge M.D.
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
 (c) City or town Valles Mines
 (If outside city or town limits, write "RURAL")
 (d) Street No. Star Route
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8
 year 1940 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____
By holding Inquest March 9, 1940
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration _____
Verdict of Jury was:
Death due to heart attack

Due to _____

Due to _____

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

Major findings:
 Of operations _____

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) X

(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? _____

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 (Specify type of place) (e) Means of injury _____

23. Signature Frank Frazier, Coroner (M. D. or other) _____
 Address Festus, Mo. Date signed 3/10/40

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

Elean Province

Licensed Embalmer No. *3403*

P. O. Address *Festus, 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, above space should be left blank.