

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 316

Primary Registration District No. 6070

Registrar's No. 262

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town rural Liberty
(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 _____ (Specify whether)
In this community lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town rural
(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 _____

3. (a) PRINT FULL NAME Jerry Haney

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

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

6. (b) Name of husband or wife Ella Haney 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October 21 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 4 hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business farming

12. Name Jerry Haney

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

14. Maiden name Lavina Smith

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

16. (a) Informant Archie Douglas

(b) Address Farmington, rt. 3

17. (a) b (b) Date thereof 12-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Libertyville

18. (a) Signature of funeral director G. H. Cozean

(b) Address Farmington, Mo.

19. (a) 12-26-45 (b) Ethier Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1945 hour 11 minute 30 p.m.

21. I hereby certify that I attended the deceased from Dec. 10, 1945 to Dec 24, 1945
that I last saw him alive on Friday, Dec. 20, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Tubal Nephritis

Due to Chol. In Kidneys

Due to _____

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

Major findings:
Of operations ✓
Of autopsy now 138

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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?
no

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

23. Signature M. B. Barber (M.D. number) 1945
Address Fredericktown Mo. Date signed 12/28

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

397

RECEIVED

Health Officer No. 4
District File Number 146-1556
Date 1-9-46

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..... *Ch Cozear*

Licensed Embalmer No. 4084

P. O. Address *Farmington 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.