

S. No. 2  
1-8-43  
5-17-39  
P. 1, X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9325

State File No. ....

FILED APR 16 1945

Primary Registration District No. 5185

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Home Route 2 - 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Several years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Cape Girardeau

(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah Jane Haygroves

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25 day Feb  
year 1945 hour 9 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Feb 20  
\_\_\_\_\_, 1945 to Feb 25, 1945  
that I last saw her alive on Feb 25, 1945  
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 widowed

6. (b) Name of husband or wife B. E. Haygroves 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: \_\_\_\_\_  
(Month) (Day) (Year)

Immediate cause of death Heart disease

Due to Coronary occlusion

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>2</u>	<u>1</u>	hr. _____ min.

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 95%

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business Farming

12. Name John M. McKin

13. Birthplace Arkansas - Ark.  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy West

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Samuel Haygroves

(b) Address Cape Girardeau Mo. Rt. 1

17. (a) Burial (b) Date thereof 3-27-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethel Cemetery

18. (a) Signature of funeral director McClellan

(b) Address McClellan

19. (a) 3-28-45 (b) H. W. Phelps  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury Q

23. Signature W. H. [unclear] (M. D. or other) \_\_\_\_\_

Address Cape Girardeau Date signed 3-28-45

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

006

101K

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4  
District File Number 445-472  
Date Filed 4-9-45

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 Thos K. Dillon

Licensed Embalmer No. 4055

P. O. Address: Yockton

**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.**