

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

REC'D FEB 23 1939

2479  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Howard Registration District No. 378  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4222 Registered No. 3  
 (c) City Fayette Mo. (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME**

(a) Residence, No. \_\_\_\_\_ St.  (Usual place of abode, if no street address, write county or city)  
 (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 - 1886

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, ..... hrs. or ..... min.  
52      3      11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coal Miner  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loup

13. NAME William Haugland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Wm. Haugland Fayette Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm. Haugland Fayette Mo. DATE Jan 23 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. S. Keenan Fayette Mo.

20. FILED Feb. 5 - 1939 V. O. Bonham Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 3 1939, to Jan 22 1939

I last saw him alive on Jan 22 1939. Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

Multiple fractures of spine + pelvic (1-2-3 & 5 lumbar +) at hip  
 Date of onset 1-3-39  
 Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-rays Was there an autopsy? N.O.

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? In mine near Hughes, Mo.  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Coal mine  
 Manner of injury Coal cave in while running  
 Nature of injury Buried under slide

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify Work while running coal  
 (Signed) Wm. Haugland, M. D.

(Address) Fayette Mo.

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.

THE STATE OF MISSOURI  
DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH

RECEIVED  
District Health Officer No. 8,  
File Number  
Filed 1/9/39

**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 \_\_\_\_\_

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, above space should be left blank.**