

FILED APR 13 1942

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Peru
 (b) City or town Hayti, Mo. R#1
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 2 infant
years, months or days

3. (a) PRINT FULL NAME Bonnie Ann Petty

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

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

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

7. Birth date of deceased month 10, 1942
(Month) (Day) (Year)

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

9. Birthplace Hayti, Mo. R#1 Mo. R#1
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business Infant

MOTHER FATHER { 12. Name Jessie Edward Petty
 13. Birthplace Hayti, Mo. R#1
(City, town, or county) (State or foreign country)
 14. Maiden name Arthur Beatrice Han
 15. Birthplace Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant father - Jessi Petty

(b) Address Hayti, Mo. R#1

17. (a) burial (b) Date thereof 3-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial - Hayti, Mo. R#1

18. (a) Signature of funeral director: Friends

(b) Address _____

19. (a) 3-31-42 (b) Mrs. Opal McCloskey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Peru
 (c) City or town Hayti, Mo. R#1
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
 year 1942 hour 4 minute 0 A. M.

21. I hereby certify that I attended the deceased from birth
 _____, 19____, to 3-13-1942
 that I last saw her alive on 3-10-1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 1 day

Due to _____

Due to _____

Other conditions pre-maturity
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

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 Opal McCloskey (M. D. or other) _____

Address Hayti, Mo. R#1 Date signed 3-13-42

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

4-42-21

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 115-43

Registration District No. 653

Primary Registration District No. 5864

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Remiscot

(b) City or town Hayti
(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 _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Remiscot

(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? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Burdette Anne Petty

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

20. DATE OF DEATH: Month March year 1942 hour 4 minute 15 a. m.

21. I hereby certify that I attended the deceased from work _____ 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

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

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

7. Birth date of deceased: 3 - 11 - _____ (Month) (Day) (Year)

Due to broncha pneumonia Duration 1 day

Due to poisoning of mother

Due to _____

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

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

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

Major findings: Of operations 159

Of autopsy _____

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business _____

12. Name Jose Edward Petty

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

14. Maiden name Anna Beatrice Van

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

16. (a) Informant Mr. J. E. Petty

(b) Address Hayti Mo. Route 1

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Duganville Ridge

18. (a) Signature of funeral director Friends & neighbors

(b) Address Hayti Mo. R. 1

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 _____

19. (a) 5-10-42 (b) Mrs. A. S. Shrey (Date received local registrar) (Registrar's signature)

23. Signature Asshire (M. D. or other) M.D.

Address Hayti Mo. Date signed 5-11-42

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

COPY SUPPLEMENTARY

11543