

S. No. 2
M-2-43
r. 5-17-49
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35203

State File No. _____
Registrar's No. 50

FILED NOV 5 1947 67

Registration District No. _____ Primary Registration District No. 3049

1. PLACE OF DEATH: Pemiscot
(a) County Pemiscot
(b) City or town Hayti
(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 7 mos years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Hayti
(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 Daniel Dock
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 20th
year 1947 hour 4 minute 00 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

4. Sex Male (b) Color or race col
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 20th, 1947
(Month) (Day) (Year)

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death No medical attention
Baby was sick for a week or two
was strangling and choking
Due to when it died. Probably
a cold.

8. AGE: Years Months Days If less than one day
0 7 0 hr. min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Hayti, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Infant

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

11. Industry or business _____
12. Name Wm. Henry Dock
13. Birthplace Meridian, Mississippi (City, town, or county) (State or foreign country)
14. Maiden name Carlina Davis
15. Birthplace Sardinia, Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant Wm. Henry Dock
(b) Address Hayti, Mo. Rt. 1 Box 136
17. (a) Burial (b) Date thereof 10-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hayti, Mo

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 _____

18. (a) Signature of funeral director Helhella Funeral Home
(b) Address Hayti, Mo. 1307424
19. (a) 10-31-47 (b) John W. Herman
(Date received local registrar) (Registrar's signature) 265

23. Signature John W. Herman Local Registrar
Address Hayti, Mo. Box 424 Date signed 11/21/47

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

MOTHER FATHER

11-47-302

NOV 6 1947

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, fact should be so stated above.