

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39105**

FILED NOV 18 1947

Registration District No. **267**

Primary Registration District No. **5902**

Registrar's No. **56**

1. PLACE OF DEATH

(a) County **Pemiscot**

(b) City or town **Rural Hayti Sup.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **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 **17 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot**

(c) City or town **Hayti 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 **HENRY COMMONS**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Colored**

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 **June 16, 1919**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

28 4 15 hr. min.

9. Birthplace **Dundee Junica County, Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Day Laborer**

11. Industry or business **Farm Work**

12. Name **Chester Commons**

13. Birthplace **Shuttsville, Alabama**
(City, town or county) (State or foreign country)

14. Maiden name **E. Leo Chandler**

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

16. (a) Informant **Chester Commons**

(b) Address **Hayti, Mo. P.O. J.M. Bradford**

17. (a) **Burial** (b) Date thereof **11-4-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Caruthersville, Mo**

18. (a) Signature of funeral director **Valhalla Funeral Home**

(b) Address **Hayti, Mo. Box 424**

19. (a) **11-14-47** (b) **John H. Herman**
(Data received local registrar) (Registrar's signature) **365**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **31st**
year **1947** hour **5** minute **00** P.M.

21. I hereby certify that I attended the deceased from **10-25-1947** to **10-31-1947**
that I last saw h.f.m. alive on **10-30-1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia**
Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy **107**

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

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 **D**

23. Signature **J.H. Masters** (M.D. or other) _____

Address **Hayti, Mo** Date signed **11-1-47**

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

MOTHER, FATHER

11-47-312

NOV 19 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 John St. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo. Box 42

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.