

FILED MAR 11 1948

Registration District No. 221

Primary Registration District No. 5793

Registrar's No. 20

1. PLACE OF DEATH:

(a) County MONITEAU  
(b) City or town RURAL LINN  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lupus mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 84 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU  
(c) City or town RURAL LINN  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) FULL NAME MARY EYNE HAYNES

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

4. SEX FEMALE 5. Color or WHITE 6. (a) Single, widowed, married, WIDOWED  
divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased: 3 29 1963  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>10</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name JOHN HORTON

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

14. Maiden name ROSENA ROBERT

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

16. (a) Informant Kate L. Ficke  
(b) Address Jamestown mo

17. (a) BURIAL (b) Date thereof 2-24-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HICKAM CEM

18. (a) Signature of funeral director C. ALBERT HORNBECK  
(b) Address FRAZIE HOME MO

19. (a) Feb 26-1948 (b) Jada M. Snow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23<sup>rd</sup>  
year 1948 hour 6 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from July 16 1948 to July 23 1948.  
that I last saw her alive on July 19 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Embolism  
Chronic myocarditis and  
vascular disease

Duration  
24 hrs

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

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

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 937

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)  
(c) Means of injury \_\_\_\_\_

23. Signature Edgar D. Kibbe (M. D. or other) MD  
Address California MO. Date signed 2/24/48

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

APR 9 1948

Date Filed

District File Number

District Health Officer No. 3 RITTEHN

PINN

RECEIVED

ATTESTING HAS BEEN

WIDOWED

1893

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

C. Albert Hornbeck

Licensed Embalmer No.

2714

P.O. Address

Prague Home Mo

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.