

FILED NOV 27 1946

Registration District No.

Primary Registration District No. 3000

Registrar's No. 417

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

1. PLACE OF DEATH

(a) County Adair

(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 70.5 1/2 N Luther
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirksville
(If outside city or town limits, write "RURAL")

(d) Street No. 70.5 1/2 N Luther
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Steven Wayne Haughton

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18 year 1946 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from November 16 1946, to November 18, 1946; and that death occurred on the date and hour stated above.

(that I last saw h.j.m. alive on November 17, 1946;

4. Sex male 5. Color or race white

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 Nov. 15 1946
(Month) (Day) (Year)

Immediate cause of death Patent Foramen Ovale Duration 2 days

Due to _____

Due to _____

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

8. AGE: Years: 0 Months: 0 Days: 3 If less than one day hr. min.

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

10. Usual occupation infant

11. Industry or business _____

MOTHER FATHER

12. Name Virgil Haughton

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

14. Maiden name Catherine Moore

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

Major findings: Of operations _____

Of autopsy 15 NE

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

16. (a) Informant Virgil Haughton

(b) Address Kirksville 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? _____

17. (a) Burial (b) Date thereof 11-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cem

While at work? _____ (Specify type of place)

(e) Means of injury 2

18. (a) Signature of funeral director James Funeral Home

(b) Address Kirksville Mo.

19. (a) 11-19-46 (b) Kate Lambert
(Date received local registrar) (Registrar's signature)

23. Signature Howard E. Gross (M. D. or other) D.O.

Address Kirksville Mo. Date signed 11-19-46

RECEIVED

District Health Officer
District File # 11-46-229
Date Filed NOV-26 1946

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

Clarence M. Bello

Licensed Embalmer No. 4375

P. O. Address

Kiskadee, 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.