S. No. 2
1—12-45
r. 5-17-39
1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34577

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 329

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington
(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 years, months or days)
In this community lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Farmington 4
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME May Caroline Haile
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex f /
5. Color or race W
6. (a) Single, widowed, married, divorced m /
6. (b) Name of husband or wife O. L. Haile
6. (c) Age of husband or wife if alive Abt. 78 years
7. Birth date of deceased Aug 4 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	2	14	hr. min.

9. Birthplace St. Francois Cty Mo (City, town, or county) (State or foreign country)
10. Usual occupation homisewife
11. Industry or business

FATHER
12. Name Edward Byington 0
13. Birthplace St. Francois Cty. Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Lassource
15. Birthplace St. Francois Cty Mo. (City, town, or county) (State or foreign country)

16. (a) Informant H. C. Haile
(b) Address Farmington, Mo.
17. (a) b (Burial, cremation, or removal) (b) Date thereof 10-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cem.
18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo.
19. (a) 10-19-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18 year 1946 hour 6 minute 55 P.M.
21. I hereby certify that I attended the deceased from Oct. 9 1946 to Oct. 18 1946 that I last saw h[e] alive on Oct. 18 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cirrhosis of Liver	6 hr.
Due to Arteriosclerotic Heart Disease	1 yr.
Due to General Arteriosclerosis	10 yrs
Other conditions (Include pregnancy within 3 months of death) Cerebral Hemorrhage	9 days

Major findings:
Of operations
Of autopsy No

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

22. If death was due to external causes, fill in the following:
(c) 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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature F. Richard Crowder M.D. (M. D. or other)
Address Farmington Mo. Date signed 10-19-46

289 (Licensed Embalmer's Statement on Reverse Side)

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

EIVED

...ct Health Officer No. 4

...ict File Number 1046-2793

Date Filed 10-28-46

JUN 26 1956

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. H. Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington N.

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.