

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43243  
State File No.  
Registration District No. 287 Primary Registration District No. 5902-3049 Registrar's No. 70

FILED JAN 10 1944

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Hayti  
(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 years, months or days

3. (a) PRINT FULL NAME JAY HENSHAW.

3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife Beulah 6. (c) Age of husband or wife if alive 1857 years

7. Birth date of deceased April 11 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 8 9 hr. min.

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

10. Usual occupation Labor

11. Industry or business

12. Name Unkown 9

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

14. Maiden name Unkown 9

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

16. (a) Informant Mrs Jettie Mienhood

(b) Address Hayti

17. (a) (Burial, cremation, or removal) (b) Date thereof 12-21-43 (Month) (Day) (Year)

(c) Place: burial or cremation Hayti

18. (a) Signature of funeral director J. R. R.

(b) Address Hayti

19. (a) 12-21-1943 (Date received local registrar) (b) G. G. R. E. K. L. S. H. A. R. D. T. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot  
(c) City or town Hayti (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20 year 1943 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from December 10 1942, to December 20, 1943; that I last saw him alive on December 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1

Due to Arteriosclerosis

Due to

Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

Of autopsy

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

23. Signature J. R. R. (M. D. or other)

Address Hayti Date signed 12-20-43

12-43-329

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**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, above space should be left blank.**