

S. No. 2  
-11-07-39  
F. 5-17-39  
492

FILED JUN 20 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH V

State File No. **17769**  
Registration District No. **15**  
Primary Registration District No. **2018**  
Registrar's No. **6**

1. PLACE OF DEATH:  
(a) County **Andrew. Gripping Mrs MO**  
(b) City or town **Andrew**  
(c) Name of hospital or institution:  
(If outside city or town limits, write "RURAL" and name of township)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **MO** (b) County **Andrew**  
(c) City or town **King City R.F.D.**  
(d) Street No. **70**  
(e) If foreign born, how long in U. S. A.?

(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7**  
In this community **since 1869-** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **John Haskin**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Melma** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **2 27 1846** (Month) (Day) (Year)

8. AGE: Years **94** Months **2** Days **15** If less than one day hr. min.

9. Birthplace **Waverly Co Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **Wm Haskin**

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

14. Maiden name **Sarah Schmitt**

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

16. (a) Informant **Edw Haskin**

(b) Address **King City R.F.D.**

17. (a) **Interred** (b) Date thereof **5-14-1940** (Month) (Day) (Year)

(c) Place: burial or cremation **Interred**

18. (a) Signature of funeral director **A. H. Taylor**  
(b) Address **King City Mo**  
19. (a) **may 21 1940** (b) **Mr J. C. Jefferson** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **5** day **12** year **1940** hour **5** minute **9** A. M.

21. I hereby certify that I attended the deceased from **May 5** 19**40** to **May 12** 19**40** that I last saw him alive on **May 11** 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza**

Due to **Old Age**

Due to **11/2**

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
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?

**13** (Specify type of place) While at work? (e) Means of injury  
23. Signature **E. M. Reynolds** (M. D. or other)  
Address **Thurston Mo MO** Date signed **5-12-40**

Duration **7 Days**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 11;  
District File Number 640-941  
Date Filed JUN 14 1940

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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed.....

.....  
Licensed Embalmer No. 2563

P. O. Address King City 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, above space should be left blank.