

FILED AUG 14 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Gasconade
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hrs. 13 min.
In this community 0 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Newton
(c) City or town Seneca
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 5, year 1941 hour 1:30 minute AM
21. I hereby certify that I attended the deceased from July 4 1941 to July 5, 1:30 1941.
that I last saw him alive on _____ 19_____
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Disturbance Duration 2 days (?)

Due to _____
Due to 119 H²
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Donald Ray Haskin

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

4. Sex male 5. Color or race w 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased: March 27 1941
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Mr. Samuel S. Haskin

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

14. Maiden name Rosa Weaver

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

16. (a) Informant Flora Tate

(b) Address Seneca Mo.

17. (a) Burial (b) Date thereof 7-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director Ed W. Jarney
(b) Address Seneca Mo.

19. (a) 7-5-41 (b) Ed W. Jarney
(Date received local registrar) (Registrar's signature)

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 Ed W. Jarney (M. D. or other) _____
Address Seneca Mo. Date signed 7/5/41

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

MOTHER FATHER

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.....

Not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed *B. W. Buzzard*

Licensed Embalmer No. *2334*

P. O. Address *Seneca, 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.