

FILLED NOV 11 1941
Registration District No. **467**

Primary Registration District No. **5628**

1. PLACE OF DEATH:

(a) County **Lawrence**

(b) City or town ***Rural* Aurora Township**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **None - 3 mi. N.W. Aurora**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **9 years** / (Specify whether years, months or days)

In this community **9 years** /

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence** ⁰⁵⁵

(c) City or town **Aurora, Mo. Rt. 2**
(If outside city or town limits, write "RURAL")

(d) Street No. **3 mi. N. W. of Aurora**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **D**

3. (a) PRINT FULL NAME **John Charles Haskett**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Edith Haskett**

6. (c) Age of husband or wife if alive **Deceased**

7. Birth date of deceased **August 13 1872**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **16th**
year **1941** hour **10** minute **45** A.M.

21. I hereby certify that I attended the deceased from **Oct 15**
19**41** to **Oct 16** 19**41**

that I last saw him alive on **Oct 16** 19**41**
and that death occurred on the date and hour stated above.

8. AGE: Years **69** Months **2** Days **3**
If less than one day hr. min.

Immediate cause of death **Cerebral Apoplexy** Duration

Due to.....

Due to.....

9. Birthplace **Parson, Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **430**

11. Industry or business **Farming**

MOTHER FATHER { 12. Name **Joseph Haskett**

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

14. Maiden name **Nancy Lusing**

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

Of operations.....

Of autopsy.....

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

16. (a) Informant **Ralph Haskett**

(b) Address **Aurora, Mo. Rt. 2**

17. (a) **Removal** (b) Date thereof **10/18/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation **Parson, Kansas**

18. (a) Signature of funeral director **Walter L. Mark**

(b) Address **Aurora, Mo.**

19. (a) **Oct. 19, 1941** (b) **R. D. Cowan, M.D.**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury **D**

23. Signature **W. J. Hurron** (M. D. or other)
Address **Aurora, Mo** Date signed **Oct 17-41**

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

RECEIVED

District Health Officer No. 6,

District File Number 1141-1677

Date Filed NOV 7 1941

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 Forest Klepper

Licensed Embalmer No. 4226

P. O. Address Aurora, 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.