

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38037

FILED DEC 12 1946
Registration District No. 297

Primary Registration District No. 6022

State File No. _____
Registrar's No. 116

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Rural - Richmond
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4 miles NW Richmond
(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 79 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Albert Haskell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma L. Sherman

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased March 2, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>8</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Freeman Haskell

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

14. Maiden name Martha Ann Stigall

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

16. (a) Informant Mrs. Emma L. Haskell

(b) Address Richmond, Mo. R.F.D. #5

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 11/24/46
(Month) (Day) (Year)

(c) Place: burial or cremation Dockery Cemetery

18. (a) Signature of funeral director Quest-Lile F.H.

(b) Address Richmond, Missouri

19. (a) Nov 21 - 46
(Date received local registrar)

(b) Malcolm Jackson
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 4 Miles N.W. Richmond
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1946 hour 9:45 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Nov 1 to Nov 22 1946
that I last saw him alive on Nov 22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to arterio Sclerosis

Other conditions 83A
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external cause, 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)

(c) Means of injury _____

23. Signature Ray (M. D. or other) _____

Address Richmond Date signed 11/25/46

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

36602

273

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
Date Recd. 12-11-46

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..... *Louis Forest*
Licensed Embalmer No. *4096*
P. O. Address..... *Richmond*

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.