

2-45
-39
K47070

FILED SEP 29 1948

Registration District No. **43** Primary Registration District No. **5143**

1. PLACE OF DEATH:

(a) County **BUTLER** *Poplar Bluff*

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

(c) Name of hospital or institution:
Poplar Bluff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1** (Specify whether)

In this community **19 YEARS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **BUTLER** *123*

(c) City or town **RURAL** *Poplar Bluff*
(If outside city or town limits, write "RURAL")

(d) Street No. **9 mi SW Poplar Bluff Mo**
(If rural, give location)

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

3. (a) PRINT FULL NAME **WADE H. HASTINGS**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPT** day **12**
year **1948** hour **3** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on **Sept. 7,** 19____
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife **ESTHER HASTINGS**

6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **SEPT 17 1911**
(Month) (Day) (Year)

Immediate cause of death **Aphythation** Duration _____

Due to **cardiac failure**

Due to **Adeno Carcinoma of the uterus - Extensive metastasis**

Other conditions **And direct invasion**
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	36	11	25	hr. _____ min. _____

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy **52**

Underline the cause to which death should be charged statistically.

9. Birthplace **GIBSON TENN**
(City, town, or county) (State or foreign country)

10. Usual occupation **LINE FOREMAN FOR R.F.A.**

11. Industry or business _____

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? _____

MOTHER, FATHER

12. Name **JAMES EDWARD HASTINGS**

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

14. Maiden name **DAISY ADKINS**

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

16. (a) Informant **Mrs Esther Hastings**

(b) Address **Gen Del Samuell Mo**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **SEPT 14 1948**
(Month) (Day) (Year)

(c) Place: burial or cremation **DUNNING Cem**

18. (c) Signature of funeral director **C. J. Phelps**

(b) Address **Poplar Bluff Mo**

19. (a) **9-28-48** (Date received local registrar's) (b) **A. W. ...** (Registrar's signature)

23. Signature **Ad Markel MD** (M. D. number) _____

Address **Poplar Bluff, Mo.** Date signed **9/17/48**

While at work? _____ (Specify type of place)
(c) Means of injury _____

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

100-17116-115

RECEIVED

District Health Office No. 2,

District File Number *927-1220*

Date Filed *9-27-48*

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 *N. J. Phelps*

Licensed Embalmer No. *3231*

P. O. Address *Pepton, Illinois*

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.