REC'D NOV 17 1938

Dr Wakeman

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35719
Do not use this space.

1. PLACE OF DEATH
(a) County Greene
(b) Township
(c) City Springfield
(d) Street No. 609 S. Grant St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 318
Primary Registration District No. 2001
Registered No. 788

2. PRINT FULL NAME 230 Edwin Jay Hasketh
(a) Residence, No. 609 S. Grant St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edith M. Shawalter Hosp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 1859

7. AGE YEARS 79 MONTHS 1 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. Police
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plymouth Ind.

FATHER
13. NAME William R. Hasketh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilkinson - I

MOTHER
15. MAIDEN NAME Elizabeth J Willis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Edith M. Hasketh Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Evergreen Ave DATE Oct 28 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Maple Park H H Lohmeyer Springfield Mo

20. FILED Oct 26 1938 Chas A George MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25, 1938

I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938, to Oct. 25, 1938

I last saw him alive on Oct. 22, 1938. Death is said to have occurred on the date stated above, at 10:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis c̄ Decompensation	
Broncho-Pneumonia	10-10-38

Other contributory causes of importance: Chronic Nephritis

Name of operation None Date of —
What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) J. Newton Wakeman, M. D.
(Address) Springfield, Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 L Doolin Gar...

Licensed Embalmer No. 3177

P. O. Address Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.