

76
 JUL 18 1939

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

22861
 Do not use this space.

1. PLACE OF DEATH

(a) County Osage Registration District No. 644
 (b) Township Linwood Primary Registration District No. 5253A
 (c) City Bonnetonville, Mo. (d) Street No. _____ 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Martine Haslog (MARTINE HASLOG)
 (a) Residence, No. Bonnetonville, R. 1, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Johana Haslog

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-8-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 1 24

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Loose Creek, Mo

FATHER 13. NAME Hy Haslog 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany 6

MOTHER 15. MAIDEN NAME Louisa Baepkes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Germany

17. INFORMANT (ADDRESS)
Mrs P. Trossler Bonnetonville R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Frankenstein DATE 6-5-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)
Moston Funeral Home
Loose Creek, Mo.

20. FILED 6-5-39 Emily W. Math Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2-1939

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1939, to May 30, 1939
 I last saw him alive on May 30, 1939 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis
of age
Infarcts
 Date of onset _____

Other contributory causes of importance:
of age
Infarcts

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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. F. Jones _____, M. D.
 _____ (Address) Loose Creek, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

I X 16403

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.....
Vernon M. Morton....., Registered Apprentice No. 165
working under my personal supervision.

Signed Victor Busches
Licensed Embalmer No. 3701
P. O. Address J.C. 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, above space should be left blank.