

SEP 6 1939

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

29091
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297
 (b) Township 1 Primary Registration District No. 3016 Registered No. 77
 (c) City Washington, Mo. (d) Street No. St. Francis Hospital 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. 14 ds. (f) How long in U. S., if of foreign birth? - yrs. mos. ds.

2. PRINT FULL NAME Franklin Herbert Haskins

(a) Residence, No. St. Louis, Mo. (Mo. Athletic Club.) St. St. Louis, Mo.
 (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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 7 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Attorney at Law.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Peoria, Ill.

FATHER 13. NAME Haskins.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER 15. MAIDEN NAME Julia Kincaid
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known.

17. INFORMANT Mrs. Ford Haskins,
 (ADDRESS) 5617 Cabanne Ave., St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Louis, Mo. DATE Aug. 18 1939.

19. FUNERAL DIRECTOR Charles J. Kron,
 (ADDRESS) St. Louis, Mo.

20. FILED Aug. 15 1939. H. L. May
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15 1939.
 22. I HEREBY CERTIFY, That I attended deceased from July 31 1939, 19... to Aug. 15 1939, 19...
 I last saw him alive on 8/15, 1939. Death is said to have occurred on the date stated above, at 10:50 A.M.
 The principal cause of death and related causes of importance were as follows:

Auto accident.
Fractured skull
 Date of onset 7/31/39
 Other contributory causes of importance: Side-swiped Truck.

Name of operation None. 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? accident. Date of injury 7/31/39, 19...
 Where did injury occur? Union, Mo. Highway #50
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public place.
 Manner of injury Auto accident (Trauma.)
 Nature of injury Basal fracture of skull.

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify...
 (Signed) Michael A. Weiffel, M. D.
 (Address) Union, Mo.

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.

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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)