

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.

DEC 13 1939 89

State File No. _____

Registration District No. _____

Primary Registration District No. 3007

Registrar's No. 278

1. PLACE OF DEATH:
 (a) County Butler
 (b) City or town Poplar Bluff, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Brandon Hospital /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri / (b) County Stoddard
 (c) City or town Kinderhook /
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME Dillard Hastings 235
 8. (b) If veteran, name war _____
 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. 14, day _____
 year 1939 hour 3:45 minute _____ a _____ M.

4. Sex M
 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ruby
 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Nov 13
 _____, 1939, to Nov 14, 1939;
 that I last saw him alive on Nov 14, 1939;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Shock

7. Birth date of deceased Feb. 19, 1913
 (Month) (Day) (Year)
 8. AGE: Years _____ Months _____ Days _____ If less than one day
26 8 25 hr. _____ min. _____

Due to Perforated Duodenal Ulcer 11/12/39
 Due to _____

9. Birthplace Stoddard County, Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Wappapello Dam

Other conditions Generalized peritonitis 11/13/39
 (Include pregnancy within 3 months of death)

11. Industry or business _____
 MOTHER FATHER { 12. Name Z. Taylor Hastings
 13. Birthplace Stoddard County, Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Essie Criser
 15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Ruby Hastings
 (b) Address Kinder, Mo.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof Nov. 15, 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fagan Cem. at West Union,

(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? _____ Mo.

18. (a) Signature of funeral director Greer-Croy Service
 (b) Address Poplar Bluff, Mo.

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

19. (a) 11/15/39 (b) Chalutzinger
 (Date received local records) (Registrar's signature)

23. Signature Chalutzinger (M. D. or other) _____
 Address Poplar Bluff, Mo Date signed 11/24/39

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.....

Grover W. Green

Licensed Embalmer No. *2964*

P. O. Address. *Poplar Bluff 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.