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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14883

MAY 1 1940

State File No. \_\_\_\_\_

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 343

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:  
707 W Olive St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
(Specify whether)

In this community 40 miles  
years, months or days 7 35

3. (a) PRINT FULL NAME Earl Hastings

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary E

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug 12 1898  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>41</u>	<u>7</u>	<u>24</u>	hr. _____ min.

9. Birthplace Clinton Mo  
(City, town or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Amard Hastings

13. Birthplace Springfield Mo  
(City, town or county) (State or foreign country)

14. Maiden name Emma Walker

15. Birthplace Clinton Mo  
(City, town or county) (State or foreign country)

16. (a) Informant Amard Hastings

(b) Address Springfield Mo

17. (a) Burial (b) Date thereof April 8 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Fred C Thielme

(b) Address Springfield Mo

19. (a) 4/8/40 (b) Chas. R. George  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield  
(If outside city or town limits, write "RURAL")

(d) Street No. 707 W Olive St  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 1940 hour None minute A M.

21. I hereby certify that I attended the deceased from 4, 5, 40, 19\_\_\_\_, to 4, 6, 40, 19\_\_\_\_;  
that I last saw h. im alive on 4, 5, 40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, Pulmonary

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 72  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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?  
200 (Specify type of place)  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J Music (M. D. or other) 1  
Address Springfield, Mo. Date signed 4, 8, 40

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

**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 *R. H. Thomas*  
Licensed Embalmer No. *3681*  
P. O. Address *Springfield, 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.**

*X*