FILED JAN 10 1941

Dr. Fitch

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42531

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 1005

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

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 days (Specify whether years, months or days)
In this community: 57 years

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.: 540 W. Center (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: George A. Hasler
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Emma Campbell Hasler
6. (c) Age of husband or wife if alive: Unk. years
7. Birth date of deceased: September (Month) 17 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
78	2	29	hr. min.

9. Birthplace: St. James (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: Railroad Engineer
12. Name of father: Eli Hasler
13. Birthplace of father: Unknwon (City, town, or county) Unknown (State or foreign country)
14. Maiden name of mother: Maria Devine
15. Birthplace of mother: Unknown (City, town, or county) Ireland (State or foreign country)
16. (a) Informant: Mrs. Emma Hasler
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 18 194 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary
18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 12-18-40 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16 year 1940 hour 8 minute 15 p. M.
21. I hereby certify that I attended the deceased from 12/1/40, 19__, to 12/16, 1940, that I last saw him alive on 12/16, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Hypostatic Pneumonia	12/10/40
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Locomotor Ataxia	

Major findings: Of operations
Of autopsy

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

23. Signature: Mary Tyler (M. D. or other) MD
Address: Springfield Mo. Date signed 12/17/40

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.