

Registration District No. 89

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
328 South B Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 328 South B Street
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Louis F. Hasting

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 Lucy 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased January 1 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Pensinor

11. Industry or business None

12. Name Unknown

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

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Mrs. Lucy Hasting
(b) Address Poplar Bluff, Missouri

17. (a) Burial (b) Date thereof 2/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ash Hill Semetary
(d) Signature of funeral director Greer-Croy Funeral Service
(e) Address Poplar Bluff, Missouri

19. (a) 2/5/41 (b) Kate Lutz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3 year 1941 hour 3 minute 05 P. M.

21. I hereby certify that I attended the deceased from Jan 15, 1941, to Feb 3, 1941; that I last saw him alive on Feb 3, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Tuberc

Due to Influenza

Due to _____

Other conditions (Include pregnancy within 3 months of death) 22W

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 22W
(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? _____

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

28. Signature W. P. Lane (M. D. or other) 1
Address Poplar Bluff, Mo Date signed 2-4-41

Duration 9 days
16 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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

Rev. 6-17-39

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.

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, above space should be left blank.