

No. 2
4-13-40
-17-39
I X2

APR 2 1941
Registration District No. 207

Primary Registration District No. 3016

Registrar's No. 30

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

1. PLACE OF DEATH: FRANKLIN
 (a) County FRANKLIN
 (b) City or town WASHINGTON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: ST. FRANCIS 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 days)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME OLIVER F. HASSLER
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife KATIE J. HASSLER
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased Dec. 12 - 1884
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>56</u> | <u>5</u> | <u>6</u> | hr. _____ min. |

9. Birthplace OSAGE COUNTY MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business _____

MOTHER FATHER { 12. Name GEORGE W. HASSLER

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

14. Maiden name NEELY JETT

15. Birthplace OSAGE COUNTY MISSOURI
 (City, town, or county) (State or foreign country)

16. (a) Informant F. F. Hassler

(b) Address 2577A W. DODIER ST. ST. LOUIS, MO.

17. (a) BURIAL (b) Date thereof MAR. 2, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLE, MO.

18. (a) Signature of funeral director H. A. May

(b) Address BELLE, MO.

19. (a) Mar. 19, 1941 (b) H. A. May
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: OSAGE
 (a) State MISSOURI (b) County FRANKLIN
 (c) City or town RURAL
 (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.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March day 18
 year 1941 hour 11 minute 25 P. M.

21. I hereby certify that I attended the deceased from March 16, 1941
to March 18, 1941, to _____, 19____;
 that I last saw him alive on March 18
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
due to ulcer & myocarditis

Due to _____
 Due to _____

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

Major findings: _____
 Of operations _____
 Of autopsy _____

Duration _____
 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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature H. A. May (M. D. or other) U
 Address Washington Date signed 3/19/41

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..... *J. G. Fickleder*.....
Licensed Embalmer No. *3359*.....
P. O. Address..... *Belle 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, fact should be so stated above.