

Registration District No. 641

Primary Registration District No. 5850

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Osage Johnson
(b) City or town Falls
(c) Name of hospital or institution: 1
(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 Mo (b) County Osage
(c) City or town Metz
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29 1941
year _____ hour _____ minute 5 P M.

21. I hereby certify that I attended the deceased from 7/28 to 7/29 1941
that I last saw him alive on 7/29 1941
and that death occurred on the date and hour stated above.

Immediate cause of death acute cerebral pneumonia
Due to _____

Due to _____
Other conditions none
(include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

572 (Specify type of place) _____
While/at work (e) Means of injury _____
23. Signature Ray E. Sweeney (M. D. or other) _____
Address _____

3. (a) PRINT FULL NAME Algie Bernard 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 _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4 28 1941
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Algie Bernard Hassler
13. Birthplace Camden, Mo (City, town, or county) (State or foreign country)
14. Maiden name Alma B. Hall
15. Birthplace St. Thomas, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Widow
(b) Address Falls, Mo

17. (a) _____ (b) Date thereof Apr 29
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Falls, Mo

18. (a) Signature of funeral director Robert Crater
(b) Address Metz, Mo

19. (a) Apr 30 - 1941 (b) Robert Crater
(Date received local registrar) (Registrar's signature)

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

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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 *H. H. Strop*
Licensed Embalmer No. *2924*
P. O. Address *Meto 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.