

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20818
2348

State File No. _____

Registration District No. FILED JUL 7 1941

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
6100 Morningside Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 26 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 6100 Morningside Drive
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward G. Hasley

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th
year 1941 hour _____ minute _____ M.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Nell R. Hasley

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April 17, 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1940
19 _____, to June 20, 19 41
and that death occurred on the 20 date and hour stated above.

8. AGE: Years Months Days If less than one day
62 2 3 hr. _____ min.

Immediate cause of death: Carcinoma of prostate with metastasis to spine & chest

Due to _____

Due to _____

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

10. Usual occupation Printer

Other conditions (Include pregnancy within 3 months of death) 5/15

11. Industry or business _____

MOTHER FATHER { 12. Name John E. Hasley

{ 13. Birthplace New York
(City, town, or county) (State or foreign country)

{ 14. Maiden name Irene Wallace

{ 15. Birthplace New York
(City, town, or county) (State or foreign country)

Major findings: 5/15

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Nell R. Hasley

(b) Address 6100 Morningside Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-1941
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd Street

19. (a) 6/20/41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 7/10

(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 Mrs. Carabelt (M. D. or other) _____

Address 715 Argyle Bldg at _____ 6/20/41

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

X26390
045
8

048
8

17

Malone

*George Bell
Hm 3424 -*

2:00 to 4:30 -

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 *Clarence W. Chiles*

Licensed Embalmer No. *3473*

P. O. Address *96 e 760*

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.