No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24571

FILED AUG 11 1941 85

Registration District No.

Primary Registration District No. 1001

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 12 years 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 011

(c) City or town St. Joseph 1 (If outside city or town limits, write "RURAL")

(d) Street No. 3118 Lafayette 7 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME Curtis Reeder Hastings

3. (b) If veteran, name war none

3. (c) Social Security No. 497-12-2493

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Edith

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

7. Birth date of deceased November (Month) 17 (Day) 1875 (Year)

8. AGE: Years 65 Months 8 Days 13 If less than one day hr. min.

9. Birthplace Quincy (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Lumber & Banking

FATHER
12. Name Andrew L. Hastings
13. Birthplace Quincy (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Edith A. Reider
15. Birthplace Quincy (City, town, or county) Illinois 1 (State or foreign country)

16. (a) Informant S. R. Hastings

(b) Address 2602 Lovers Lane, St. Joseph, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof August 1, 1941 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Memorial Park Cemetery St. Joseph, Missouri

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) July 31, 1941 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1941 hour 6 minute 30a M.

21. I hereby certify that I attended the deceased from June 26 1941, to July 30 1941; that I last saw him alive on July 29 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis Chr	2 yrs
Due to Arteriosclerosis	4 years
Coronary occlusion	1 yr
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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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 Dr. B. H. Fuson (M. D. or other) BMD

Address Kirkpatrick Bldg. Date signed 7-30-41

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Missouri

DEC 8 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 Walter Muerhoffer Jr., Registered Apprentice No. 302 working under my personal supervision.

Signed Oby Jester

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.