S. No. 2
—1-4-41
5-17-39
>I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1942

Registration District No. 295

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5412

State File No. 41803

Registrar's No. 52

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Stanton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri, (b) County: Franklin
(c) City or town: Stanton, Mo. 2 6 (If outside city or town limits, write "RURAL")
(d) Street No. 0 0 (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: George Steven Hassing
3. (b) If veteran, name war ____
3. (c) Social Security No. ____

4. Sex: Male U
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Oct. 17th. 1941 (Month) (Day) (Year)

8. AGE: Years ____ Months 2 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace: Sullivan, Mo. (City, town, or county) U (State or foreign country)
10. Usual occupation ____
11. Industry or business ____
FATHER
12. Name: George G. Hassing
13. Birthplace: North Dacota, (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Virginia Doyl
15. Birthplace: Sullivan, Mo. (City, town, or county) U (State or foreign country)
16. (a) Informant: George Hassing,
(b) Address: Sullivan, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-25-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Stanton, Mo.
18. (a) Signature of funeral director: J. Williams
(b) Address: Sullivan, Mo.
19. (a) 12-24-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23d. year 1941 hour 10 minute 30 P. M.
21. I hereby certify that I attended the deceased from Oct 17 1941, to Dec 24 1941; that I last saw h____ alive on ____ 19____; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Anteminose	2 Mon
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 41	

Major findings:
Of operations ____
Of autopsy ____

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) (Means of injury) ____
23. Signature: R. L. Larner M.D. (M. D. or other)
Address: Sullivan Date signed 12/24/41

(Licensed Embalmer's Statement on Reverse Side)

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. T. Williams

Licensed Embalmer No.....427

P. O. Address.....Sullivan, Ill.

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.