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4-41
7-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3853
Registrar's No. 41

Registration District No. 822

Primary Registration District No. 4503

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

1. PLACE OF DEATH:

(a) County Shelby
(b) City or town Shelbina 741 W
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 Years (Specify whether years, months or days)
In this community 45 Years

3. (a) PRINT FULL NAME John Lee Hastings

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 Mary Ellen Hastings 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased January 4th 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 11 7 hr. min.

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

10. Usual occupation Laborer

11. Industry or business City Street Sweeper

MOTHER FATHER { 12. Name Robert Hastings
13. Birthplace Not Known 9 (State or foreign country)
14. Maiden name Julia Ewing
15. Birthplace Not Known 9 (State or foreign country)

16. (a) Informant Fred Hastings
(b) Address Shelbina Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14th-41
(Month) (Day) (Year)

(c) Place: burial or cremation Shelbina Mo.

18. (a) Signature of funeral director William Schell
(b) Address Shelbina Mo.

19. (a) Dec 17-41 (Date received local registrar) (b) Ruth Joyner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102
(c) City or town Shelbina 2
(If outside city or town limits, write "RURAL") 0
(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 12 day 12
year 1941 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from 6-13-39
19 12-11-41 19 _____
that I last saw him alive on 12-11-41 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular disease Duration 4 yrs
Hypertension
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
PHYSICIAN 938
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 R. M. Wood (M. D. or other)
Address Shelbina Date signed 12/17/41

749

FEB 10 1942

RECEIVED

District Health Officer No. 10

District File Number 1-42-152

Date Filed JAN 27 1942

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 Henry A Barkelau

Licensed Embalmer No. 3835

P. O. Address Shelburne, Vt.

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.