

No. 2
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X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30358

State File No. _____
Registrar's No. 658

FILED OCT 1 1942
Registration District No. _____

Primary Registration District No. 2000

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

9
2
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1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
O'Reilly General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days
(Specify whether years, months or days)
In this community 23 days

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County Los Angeles
(c) City or town Los Angeles
(If outside city or town limits, write "RURAL")
(d) Street No. 2801 Francis Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

JOSEPH B. HASH

3. (b) If veteran, name war No
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thelma V. Hash
6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased September 27 1908
(Month) (Day) (Year)

8. AGE: Years 33 Months 11 Days 14
If less than one day _____ hr. _____ min.

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

10. Usual occupation Automobile Mechanic

11. Industry or business _____

12. Name Unknown

13. Birthplace Bell County Texas
(City, town, or county) (State or foreign country)

14. Maiden name Louisa C. (Unknown)

15. Birthplace Bell County Texas
(City, town, or county) (State or foreign country)

16. (a) Informant WD, AGO Forms #20 and #24
(b) Address _____

17. (a) Removal (b) Date thereof Sept. 12, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Strawn, Texas

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 9-12-42 (b) W. J. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11
year 1942 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from August 20 1942 to September 11 1942
that I last saw h. im alive on September 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Subacute bacterial endocarditis Duration 3 mos.

Due to _____
Due to _____
91a

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Confirmation of above diagnosis.

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 N. F. Kamm (M. D. or other) Capt. MC
Address O'Reilly Gen. Hosp. Date signed 9/11/42

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W

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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 *Raymond W. Temple*

Licensed Embalmer No. *3444*

P. O. Address *Springfield, 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.