

FILED NOV 13 1942

Registration District No. 251

Primary Registration District No. 4380

Registrar's No. 169

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Arkoe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Arkoe
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30.
year 1942 hour 12 minute 30 a. M.

21. I hereby certify that I attended the deceased from April 11, 1940 to Oct. 20 1942
that I last saw him alive on Oct 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum
Duration 2 1/2 yrs.

Due to 46d
Due to

Other conditions (Include pregnancy within 3 months of death)

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) (e) Means of injury 2

23. Signature W.L. Landfester (M.D. or other) DO.
Address Maryville Mo. Date signed 10/20/42

3. (a) PRINT FULL NAME Fred Hasty

3. (b) If veteran, name war no 3. (c) Social Security No. 993-18-629A

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ester Hasty 6. (c) Age of husband or wife if alive 49 years 1889

7. Birth date of deceased Aug. 26 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>2</u>	<u>4</u>	hr. min.

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

10. Usual occupation Township road maintainer

11. Industry or business

12. Name James Hasty

13. Birthplace unkown Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Sarah Deboard

15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Esta Hasty

(b) Address Arkoe Missouri

17. (a) burial (b) Date thereof Oct. 31, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Skidmore Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo.

19. (a) 10-21-42 (Date received local registrar) (b) Mary Coile (Registrar's signature)

1268 (Licensed Embalmer's Statement on Reverse Side)

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

74
0
0

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 Clem M Price

Licensed Embalmer No. 1822

P. O. Address Mayville, 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.