

Registration District No. **16**

Primary Registration District No. **3002**

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

1. PLACE OF DEATH:
 (a) County **Audrain**
 (b) City or town **Mexico**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 hours**
(Specify whether
 In this community **62 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Audrain**
 (c) City or town **Mexico**
(If outside city or town limits, write "RURAL")
 (d) Street No. **921 S. Olive St.**
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **James Marion Haskell**
 3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **10** day **15**
 year **42** hour **11** minute **A.M.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Myrtle Haskell** 6. (c) Age of husband or wife if alive **years**
 7. Birth date of deceased **August 24, 1870**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **9-1-42**
 to **10-15-42**
 that I last saw **em** alive on **10-15-** 19**42**
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	72	1	21	hr. min.

Immediate cause of death **Cardio Nephritis**
 Due to **Hypertension**
 Due to _____

9. Birthplace **Boone, Iowa**
(City, town, or county) (State or foreign country)

Other conditions **13/2**
(Include pregnancy within 3 months of death)

10. Usual occupation **Retired Blacksmith**

11. Industry or business _____

12. Name **George M. Haskell**

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

14. Maiden name **Mary Rayne**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Myrtle Haskell**

(b) Address **Mexico, Mo.**

17. (a) **Burial** (b) Date thereof **10/18/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Church of Mexico Mo**

18. (a) Signature of funeral director **Paul E. Burt**

(b) Address **Mexico, Mo.**

19. (a) **10-15-1942** (b) **Margaret H Mackie**
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place)
 While at work? (e) Means of injury **MD.**
 23. Signature **J. Frank Jolley** (M. D. or other) **MD.**
 Address **Mexico Mo** Date signed **10/17/42**

AUG 15 1950

RECEIVED

District Health Officer No: 10

District File Number 11-42-3032

Date Filed NOV 17 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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.