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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

Registration District No. 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5596

State File No. 41088

Registrar's No. 59

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1. PLACE OF DEATH:
(a) County: Jefferson
(b) City or town: DeSoto, R.F.D.#1 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route #1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jefferson
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D.#1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ____

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3. (a) PRINT FULL NAME: Trust Henry Hasse
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: Sophia Hasse
6. (c) Age of husband or wife if alive: 85 years
7. Birth date of deceased: August (Month) 18 (Day) 1854 (Year)

8. AGE: Years 88 | Months 3 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace: Wisconson (City, town, or county) ____ (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business: Retired
FATHER
12. Name: Carl E. Hasse
13. Birthplace: Saxony (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name: Rosalie Teale
15. Birthplace: Saxony (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Sophia Hasse
(b) Address: DeSoto, Mo. R.F.D.#1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 26-1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Flucom, M.E. Cemetery
18. (a) Signature of funeral director: Fink Und. Co.
(b) Address: Festus, Mo.
19. (a) 12-5-42 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24 year 1942 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from Sept 1 1942 to Nov-24-1942 that I last saw him alive on Nov-22-1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral regurgitation of heart — Duration not known
Due to: ____
Due to: ____
Other conditions (Include pregnancy within 3 months of death): 92 F
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: ____
23. Signature: Wally C. Gibson (M. D. or other)
Address: De Soto Mo. Date signed 11-24-42

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(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 Elena Province

Licensed Embalmer No. 3403

P.O. Address Bonne Terre, 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.