V. S. No. 2
50M—9-4-41
Re 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1943 128

Local Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10236

Primary Registration District No. 5465

Registrar's No. 244

39 0 0

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town ~~Springfield, Missouri~~ Rural McCaffell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pearl Nursing Home (Route 4)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two Months (Specify whether years, months or days)

In this community Four Months

2. USUAL RESIDENCE OF DECEASED: 22 0 0

(a) State Missouri (b) County Christian

(c) City or town Highlandville
(If outside city or town limits, write "RURAL")

(d) Street No. ----------
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ----------

3. (a) PRINT FULL NAME GEORGE RILEY HASLIP

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Haslip

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased May (Month) 5 (Day) 1865 (Year)

8. AGE: Years 77 Months 10 Days 18 If less than one day ---- hr. ---- min.

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

10. Usual occupation Farmer

11. Industry or business --- ----------

FATHER
12. Name ----------
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mr. John Haslip
(b) Address Lone Pine Road, Springfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/43 (Month) (Day) (Year)
(c) Place: burial or cremation Highlandville, Mo.

18. (a) Signature of funeral director Fred C. Thieme
(b) Address 1100 Boonville Ave.

19. (a) 3-24-43 (Date received local registrar) (b) F. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1943 hour Eight minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1943 to Jan 23 1943 that I last saw him alive on Jan 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of lower end of left Femur 10 months

Due to

Due to

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

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature J. S. Bruton (M. D. or other)
Address Springfield, Mo. Date signed 3/24/43

984

(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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, Missouri

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.