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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14877

Registration District No. 270 Primary Registration District No. 4321 Registrar's No. 117

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Mercer
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 8I years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

65
0
0

(a) State Mo. (b) County Mercer

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

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Andrew Hashman

3. (b) If veteran, name war

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 Hashman

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May (Month) 25 (Day) I86I (Year)

8. AGE: Years 8I Months IO Days 8 If less than one day hr. min.

9. Birthplace (City, town, or county) Indiana / (State or foreign country)

10. Usual occupation Farmer Retired

11. Industry or business Own Farm

FATHER
12. Name William Hashman
13. Birthplace (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name Ruth Mobley
15. Birthplace (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant Alma Hashman
(b) Address Mercer Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 5/43 (Month) (Day) (Year)
(c) Place: burial or cremation Girgner Cemetery

18. (a) Signature of funeral director O. O. Greenlee
(b) Address Lineville Iowa

19. (a) 4-7-43 (Date received local registrar) (b) Jessie Alley (Registrar's signature)

1114

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year I943 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Jan 15, 1943, to April 3, 1943; that I last saw him alive on April 2 2, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration 2 da

Due to Had been having effort pain however for months (angina); but the occlusion came while in bed.

Due to

Other conditions Cardio-vascular-renal degeneration, with a chronic myocarditis.

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

13/a

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 A. S. Bristow (M. D. [redacted])
Address Bristow Bldg Princeton, Mo. Date signed 4/3/43.

(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 James L. Greenlee

Licensed Embalmer No. 3967

P. O. Address Mercer 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, above space should be left blank.