

REC AUG 5 1943
Registration District No. 128

Primary Registration District No. 5465

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural, Springfield, N. Campbell
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 60 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Rural, Springfield, N. Campbell
(If outside city or town limits, write "RURAL")

(d) Street No. Route 4
(If rural, give location)

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

If yes, name country A

3. (a) PRINT FULL NAME Gertrude Haseltine Clarke

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Clarence M. Clarke

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

7. Birth date of deceased March 15, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

85 4 11 hr. min.

9. Birthplace Richland Center, Wisconsin /
(City, town, or county) (State or foreign country)

10. Usual occupation In Home

11. Industry or business

MOTHER FATHER

12. Name Ira S. Haseltine

13. Birthplace Unknown Vermont /
(City, town, or county) (State or foreign country)

14. Maiden name Agusta Thomas

15. Birthplace Unknown Vermont /
(City, town, or county) (State or foreign country)

16. (a) Informant Chauncey H. Clarke

(b) Address Stribouis, Missouri

17. (a) Burial (b) Date thereof July 28, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 7-28-43 (b) B. W. Handy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26, year 1943 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from 1939, 19... to 7/26/43, 19...; that I last saw her alive on July 26, 19... and that death occurred on the date and hour stated above.

Immediate cause of death Lympho-sarcoma, metastatic from leg

Duration 1 yr.

Due to

Due to

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

Major findings: Of operations 552

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?

(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 C

23. Signature A. B. Jamison (M. D. or other) M.D.

Address Springfield, Mo Date signed 7/28/43

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 Harlow Krahl

Licensed Embalmer No. 4065

P. O. Address Springfield, 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.