

NOV 12 1943

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

1. PLACE OF DEATH:

(a) County Derman

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

(c) Name of hospital or institution: State Hospital #3.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether)

In this community 2
years, months or days

3. (a) PRINT FULL NAME Lucia Montana Hastings

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: March 29, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	6	3	hr. min.

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

10. Usual occupation Retired

11. Industry or business School Teacher

12. Name Thomas B. Hastings

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

14. Maiden name Hanna Gans

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

16. (a) Informant T. A. Hastings

(b) Address Neosho Missouri

17. (a) Burial (b) Date thereof Oct. 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho Missouri

18. (a) Signature of funeral director Carley Thompson

(b) Address Neosho Missouri

19. (a) 11-10-43 (b) H. B. Beurch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 108

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd.
year 1943 hour 11:15 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 1
1943 to Oct. 2 1943
that I last saw her alive on Oct. 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia
Agitated type.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 162a

Major findings: Of operations _____

Of autopsy _____

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 R. B. Restler (M. D. or other) md

Address Neosho, Mo. Date signed 10/2/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1331

32790

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 Barley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.