

X32873

9-1-1999

State File No. _____

FILED JAN 7 1944 /
Registration District No. _____

Primary Registration District No. 3012

Registrar's No. 376

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

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Excelsior Springs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution yes
(Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 105 Maple St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME VERA HAZEL HASTINGS

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 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 3, 1906
(Month) (Day) (Year)

8. AGE: Years 37 Months 9 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Athens Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business _____

MOTHER FATHER { 12. Name Lawrence L. Hastings

13. Birthplace Centre Ridge Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Fannie May Beeson

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

16. (a) Informant Lawrence L. Hastings

(b) Address 105 Maple Ave

17. (a) Burial (b) Date thereof 12/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs Mo

19. (a) 12-24-43 (b) W. H. Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1943 hour 5 minute 45 AM

21. I hereby certify that I attended the deceased from Oct. 10
1943 to Dec 22 1943
that I last saw her alive on December 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
stomach Duration 1 1/2
years
Due to no
Due to no

Other conditions nothing
(Include pregnancy within 3 months of death)

Major findings: abdomen was
Of operations opened but could do
Of autopsy no surgery - see
Sept. 1943

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 Thos. J. Prall M.D.

Address Excelsior Springs Mo Date signed 12/22/43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-6-44

MAR 23 1945

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..... *Herbert Hope*

Licensed Embalmer No. *3199*

P. O. Address..... *Excelsior Springs, 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.