

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(c) Name of hospital or institution: Jane Chinn Hospital
(d) Length of stay: In hospital or institution 3 mo. 8 da.
In this community 78 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(d) Street No. 1124 South Jefferson
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mrs. Elizabeth Haskins

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Frank E. Haskins 6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 15, 1862

8. AGE: Years Months Days If less than one day
81 9 9 hr. min.

9. Birthplace no data Kansas

10. Usual occupation housewife

11. Industry or business
12. Name Solomon Kerr
13. Birthplace Millersburg, Ohio
14. Maiden name Susan Volganot
15. Birthplace no data Ohio

16. (a) Informant Hus. Frank Haskins
(b) Address Webb City, Missouri
17. (a) burial (b) Date thereof 12/28/43
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hedge-Nelson
(b) Address Webb City, Missouri
19. (a) Dec. 27, 1943 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24 year 1943 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Dec 20, 1943 to Dec 24, 1943 that I last saw him alive on Dec 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Other conditions 33a

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature M.D. [Signature] (M.D. printed)
Address Webb City, Mo. Date signed 12/27/43

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

MOTHER FATHER

1180

43-12-1054

Slawghter

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 *[Signature]*

Licensed Embalmer No. *2859*

P. O. Address *St. Louis City*

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.