

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

20556

FILED JUN 22 1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2445

1. PLACE OF DEATH: Jackson

(a) County Jackson

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

(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community None. 6 Days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Anderson 999

(c) City or town Garnett 14
(If outside city or town limits, write "RURAL") 0

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

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

3. (a) PRINT FULL NAME George HASTERT

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color of 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 20th, 1882
(Month) (Day) (Year)

8. AGE: Years 6 2 Months 2 Days 1 9 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address St. Joseph Hosp. K.C. Mo.

17. (a) Removal (b) Date thereof 6/9/44.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greeley, Kansas.

18. (a) Signature of funeral director Melody-McGilley
(b) Address K. C. Mo.

19. (a) 6-9-44 (b) P.E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1944 hour 5:15 minute A. M.

21. I hereby certify that I attended the deceased from June 1, 1944 to June 5, 1944
that I last saw him alive on June 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pyelo-nephritis 6 days

Due to Prostatic Obstruction

Due to _____

Other conditions: Diabetes -

Major findings: Of operations 61

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 6 m.o.

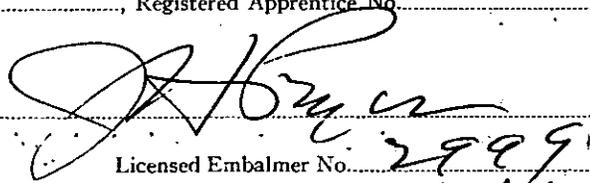
23. Signature: P. E. Brown (M. D. or other) M.D.
Address: K.C. Mo. Date signed: 6/9/44

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

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.....



Licensed Embalmer No.....

2999

P. O. Address.....

112

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE

State File No.

BUREAU OF VITAL STATISTICS
FILED JUN 23 1949
Registration District No.

Primary Registration District No. 1002

Registrar's No. 2445

1. PLACE OF DEATH:

(a) County.....
(b) City or town.....
(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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(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. ? years.

3. (a) PRINT FULL NAME

George Hastert

(b) If veteran, name war.....

(c) Social Security No. 510-18-6977

19. MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1949 hour minute M.

21. I hereby certify that I attended the deceased from 19....., to 19.....;
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

4. Sex..... 5. Color or race..... 6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased: March 22, 1887
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 17 If less than one day hr. min.

9. Birthplace: Anderson, Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name: Christa Hastert

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

14. Maiden name: Sena Camerback

15. Birthplace: Cole Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 6-9-49 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

Due to.....

Due to.....

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

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?

..... (Specify type of place)
While at work? (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

20056