

S. No. 2
M-5143
v. 5-17-39
I X36571

37062

FILED NOV 24 1944
Registration District No. 1944

Primary Registration District No. 4029

State File No. _____
Registrar's No. 24

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Mindenmin
(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 1
(Specify whether _____)

In this community 62 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County CRAWFORD

(c) City or town Mulberry 959
(If outside city or town limits, write "RURAL") 14

(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 Rebecca Hasson

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

4. Sex Female 5. Color or race W

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

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

7. Birth date of deceased Sept. 25 1886
(Month) (Day) (Year)

8. AGE: Years 88 Months 28 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business Home

MOTHER FATHER

12. Name Pete Workman

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

14. Maiden name unknown

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

16. (a) Informant Dr. John R. Hasson

(b) Address Mulberry, Kansas

17. (a) Burial (b) Date thereof 10-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Pittsburg Mo.

18. (a) Signature of funeral director J. M. G. Gentry

(b) Address Mulberry, Kansas

19. (a) Oct. 30 1944 (b) Blanche Sackett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1944 hour 5 minute 0 A.M.

21. I hereby certify that I attended the deceased from August 3 1944 to Oct 23 1944
that I last saw her alive on Oct 22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart disease Duration years

Due to _____

Due to _____ 92d

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? _____

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

23. Signature F. C. Nipple (M. D. or other) _____

Address Mulberry Hamar Date signed Oct 26 1944

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

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

600

1260

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1144-1191

Date Filed NOV 20 1944

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 *J. M. Berkeley*.....

Licensed Embalmer No. *2326*.....

P. O. Address *Mulberry, Kans*.....

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.