

FILED NOV 28 1944

Registration District No. **245**

Primary Registration District No. **3047**

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

1. PLACE OF DEATH:

(a) County **NEWTON**

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

(c) Name of hospital or institution:
408 W. SOUTH ST.
(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 **MISSOURI** (b) County **NEWTON** **72**

(c) City or town **NEOSHO** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **408 W. SOUTH ST.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **FLOSSIE MAY 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 **MARRIED**

6. (b) Name of husband or wife **THOMAS H. HASTINGS** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **JANUARY 22 1889**
(Month) (Day) (Year)

8. AGE: Years **55** Months **9** Days **9** If less than one day _____ hr. _____ min.

9. Birthplace **MONETT MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business _____

MOTHER FATHER { 12. Name **JAMES F. SEELY**

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

14. Maiden name **MARTHA COSTLEY**

15. Birthplace **UNKNOWN** **1**
(City, town, or county) (State or foreign country)

16. (a) Informant **D. A. Hastings**

(b) Address **Neosho Mo**

17. (a) **Burial** (b) Date thereof **11-4-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Neosho 2009, ben.**

18. (a) Signature of funeral director **Carley Thompson**

(b) Address **Neosho Mo**

19. (a) **11-15-1944** (b) **Carley Thompson**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **31**
year **1944** hour **2** minute **a** M.

21. I hereby certify that I attended the deceased from **Dec 28, 1944** to **October 31, 1944**

that I last saw her alive on **October 31, 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of right kidney** Duration _____

Due to _____

Due to _____

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

Major findings: Of operations **No operation** Of autopsy **None**

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 **J. A. Guthrie, M.D.** (M. D. or other) _____
Address **Neosho, Missouri** Date signed **11-10-44**

JUN 28 1948

RECEIVED NOV 21 1944
District Health Officer No. _____
District File Number 1044-226
Date Filed NOV 21 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 Carley Thompson
Licensed Embalmer No. 3259
P. O. Address Nesbo 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.