

FILED JAN 5 4 1948

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 415

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital No 1  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 5 days  
(If not in hospital or institution, write street number or location) (Specify whether)

In this community 5 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Laclede 14

(c) City or town Leaseterville  
(If outside city or town limits, write "RURAL")

(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 Esther Hastings

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22  
year 1944 hour 7-05 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 17  
1944, to Dec 22, 1944;  
that I last saw her alive on Dec 22, 1944  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Dennis K & Hastings 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 13 1915  
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia

Due to manic Depressive Psychosis

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 108

8. AGE: Years Months Days If less than one day

27 5 9 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William Alfred Wells

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

14. Maiden name Walter Brunner

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

16. (a) Informant Record

(b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof 12/23/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon, Mo

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address Fulton Mo (D. L. Browning Mgr)

19. (a) 12-23-1944 (b) Josie Moreshead  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature James D (M. D. or other)  
Address Fulton Mo Date signed 12/23

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

14  
1  
2

JAN 6 1945

RECEIVED

Jan 6 1945  
District Health Officer No. 9,

District File Number.....

Date Filed

1-4-45

*James Stewart*

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 *Wenzel E. Browning*

Licensed Embalmer No. *2724*

P. O. Address *Fulton Md*

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.