

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

1. PLACE OF DEATH

(a) County GRUNDY

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

(c) Name of hospital or institution:
1022 1/2 Indian Ave 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 20 years
years, months or days

3. (a) PRINT FULL NAME GEORGE T. HAFFIELD

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or 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 June 26 1881
(Month) (Day) (Year)

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

62 6 8 hr. min.

9. Birthplace Grundy County, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation R.R. Engineer

11. Industry or business Railroad

12. Name JAMES R. HAFFIELD

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

14. Maiden name Frances Smith

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

16. (a) Informant Glass Hatfield

(b) Address Trumbon, Mo.

17. (a) burial (b) Date thereof Jan 10, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation James Borne Trumbon Mo

18. (a) Signature of funeral director James A. Adams

(b) Address Trumbon Mo

19. (a) 1-10-45 (b) G. S. Roberts
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy

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

(d) Street No. 1022 1/2 Indian Ave 2
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1945 hour 12:15 minute 9 M.

21. I hereby certify that I attended the deceased from Jan 4
_____, 1945 to Jan 8, 1945
that I last saw him alive on Jan 7, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza, acute Broncho Pneumonia 5 days

Due to _____

Due to _____

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

Major findings: _____

Of operations 33

Of autopsy _____

Duration

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 E. A. Deffy (M. D. or other) _____
Address Trumbon Date signed Jan 10 1945

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.....

working under my personal supervision.

Myself

....., Registered Apprentice No.

Signed

Rafine A. Blair

Licensed Embalmer No. *3424*

P. O. Address *Denton, 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.