S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20098

FILED JUL 14 1945

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 32

1. PLACE OF DEATH:

(a) County Cedar

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

(c) Name of hospital or institution: 808 S. Main 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 Cedar

(c) City or town El Dorado Springs (If outside city or town limits, write "RURAL")

(d) Street No. 808 S Main (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Franklin Haslett

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~~

6. (b) Name of husband or wife Josie B Haslett

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July (Month) 23 (Day) 1865 (Year)

8. AGE: Years 79 Months 8 Days 7 If less than one day hr. min.

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

10. Usual occupation Mine Operator

11. Industry or business Retired

FATHER
12. Name Joseph Haslett
13. Birthplace (City, town, or county) N.Y. (State or foreign country)

MOTHER
14. Maiden name Phoebe Resides
15. Birthplace (City, town, or county) Penn (State or foreign country)

16. (a) Informant Major Elmer Haslett

(b) Address N. Y. City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/45 (Month) (Day) (Year)

(c) Place: burial or cremation El Dorado Spg Cem

18. (a) Signature of funeral director Gwinn - Sidens

(b) Address El Dorado Spgs Mo

19. (a) 7/5/45 (Date received local registrar) (b) L. T. Dunaway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1945 hour 8 minute 20 P M.

21. I hereby certify that I attended the deceased from April 2 Cancer, 1944 to June 30, 1945 that I last saw him alive on June 30, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer - Throat

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 45 f

Of autopsy no

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? (Specify type of place)

While at work? (e) Means of injury

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

Address El Dorado Spgs Mo Date signed July 9 45

1046 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 6-40-709
Date Filed 7-12-40

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 O B Sders

Licensed Embalmer No. 3250

P. O. Address El Dorado Springs 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.