S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

22976

State File No.

FILED JUL 30 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2980

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-DAYS (Specify whether
In this community 3 1/2 YEARS years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 4017 Troost 8
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country ---

3. (a) PRINT FULL NAME John F. Franklin Hasty

3. (b) If veteran, name war No

3. (c) Social Security No. 487-16-0497

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. ANNIE HASTY

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased FEBRUARY (Month) 5 (Day) 1878 (Year)

8. AGE: Years 67 Months 5 Days 10 If less than one day ___ hr. ___ min.

9. Birthplace MORGAN COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business MICHELSON CONSTRUCTION CO

FATHER
12. Name WILLIAM HASTY
13. Birthplace COOPER COUNTY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name SARAH SIDEBOTTOM
15. Birthplace UNKNOWN (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant MRS. ANNIE HASTY
(b) Address 4017 TROOST AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY (Month) 18 (Day) 1945 (Year)
(c) Place: burial or cremation MT. ST. MARY'S CEM.

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 7-17-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 15
year 1945 hour 5 minute 40 A M.

21. I hereby certify that I attended the deceased from July 13, 1945, to July 15, 1945
that I last saw him alive on July 15, 1945
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death perforated peptic ulcer | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 117 a 2 | |
| Major findings: Of operations | |
| Of autopsy | |

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 0

23. Signature Clark W. Seely (M. D. or other)
Address Med. Dir. K.C. General Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1946

## 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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Kansas City 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.**