

FILED MAR 8 1946

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

Reg. Dist. No. 198

Prim. Reg. Dist. 4309

STANDARD CERTIFICATE OF DEATH

State of Oklahoma Mo.

State File No. 6410

Registrar's No. 3

1 PLACE OF DEATH *M. S. Donald*

(a) County _____

(b) City or town *Southwest City*
(If outside city or town limits, write RURAL)

(c) Name of hospital or institution: _____
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Mc Donald*

(c) City or town *Southwest City*
(If outside city or town limits, write RURAL)

(d) Street No. _____ (If rural give location) _____

(e) Citizen of foreign country? _____
If yes, name country _____

3(a) FULL NAME *Wm. A. Hasty*

3 (b) If veteran, _____ 3 (c) Social Security _____
name war _____ No _____

MEDICAL CERTIFICATION

20. Date of death: Month *Jan* day *24*
year *1946* hour *3 PM* minute _____

4. Sex *M* race *W*

5. Color or _____ 6(a) Single, widowed, married, _____
divorced *Widowed*

6 (b) Name of husband or wife *Magge Hasty* 6(c) Age of husband or _____
wife, if alive _____ years.

7. Birth date of deceased *March 27-1860*
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____
19 *43* to *Jan 24* 19 *46*
that I last saw him alive on *Jan 22* 19 *46*
and that death occurred on the date and hour stated above. Duration _____

Immediate cause of death _____

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

75 *10* *27* hr. min.

Due to *Cerebrovascular*

9. Birthplace *Kansas*
(City, town or country) (State or foreign country)

Due to _____

10. Usual occupation *Carpenter*

Other conditions _____

11. Industry or business _____

(Include pregnancy within 3 months of death) _____

12. Name *Allen Hasty*

PHYSICIAN _____

13. Birthplace *unknown*
(City, town, or country) (State or foreign country)

Major findings: _____

14. Maiden name *unknown*

Of operations _____

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

Of autopsy _____

16. (a) Informant's own signature *Wm A Hasty*

22. If death was due to external causes, fill in the following:

(b) Address *Denver Colo.*

(a) Accident, suicide, or homicide (specify) _____

17 (a) *Survival* (b) Date thereof *Jan 26-46*
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place; burial or cremation *Southwest City*

(c) Where did injury occur? _____
(City or town) (County) (State)

Was body embalmed? Yes *Yes* No _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

Signature of embalmer *E. R. Priest*

(e) Means of injury _____

18. (a) Signature of funeral director *E. R. Priest*

23. Signature *John D. Nichols* (M.D. or other) _____
Address *Southwest City Mo* Date sig *Jan 22-46*

(b) Address *Granite City*

19 (a) *2-1-46* (b) _____
(Date received local registrar) (Registrar's signature)

5377

182

