

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
FILED APR 8 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 264

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 459 Cherry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 58 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 890 Normal
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Jane Haskell

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife A.V.O. Haskell 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased March 16, 1860
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 6 If less than one day hr. _____ min.

9. Birthplace St. Louis Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Isiah Harris
13. Birthplace St. Louis Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name (unk) Turpin
15. Birthplace Clark Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence A. Haskell
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 3/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 3-23-46 (b) Dr. W.S. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1946 hour 7:00 minute a. M.

21. I hereby certify that I attended the deceased from 3.22.1946, 19____, to 3.22.1946, 19____;
that I last saw her alive on 3.22.1946, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage, cerebral

Due to _____

Due to _____

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

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)
(c) Means of injury _____

23. Signature Dr. Musick (M. D. or other) _____
Address Springfield, Mo. Date signed 1946

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7998

9
2
6

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.....

Roy H. Mercer

Registered Apprentice No. 380

working under my personal supervision.

Signed

Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.

X