

FILED APR 8 1946

Registration District No. 155

Primary Registration District No. 3127

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City
(c) Name of hospital or institution: 818 West 12th.
(d) Length of stay: In hospital or institution 54 yrs.
In this community 54 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(d) Street No. 818 West 12th, St.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME George Haskins

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 Married

6. (b) Name of husband or wife Ida Mae Haskins 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 12 1859

8. AGE: Years 86 Months 8 Days -- If less than one day hr. min.

9. Birthplace Clarinda Iowa

10. Usual occupation Retired Merchant

11. Industry or business

12. Name B.F. HASKINS 13. Birthplace New York

14. Maiden name Francis R. Abraham 15. Birthplace Virginia

16. (a) Informant (wife) Ida Mae Haskins (b) Address 818 West 12th, WEBB CITY, MO

17. (a) Burial (b) Date thereof 3/14/46 (c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director Hedge-Lewis (b) Address Webb City, MO

19. (a) 3/12/46 (b) [Signature] (c) [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1946 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from 3-9 1946 to 3-12 1946 that I last saw him alive on 3-12 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage Due to: Ruptured Aneurysm of spinal Artery

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

Major findings: Of operations: 300 Of autopsy: Ruptured Aneurysm of spinal Artery

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? (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 2.00 Signature [Signature] (M. D. or other) Date signed 3/12/46

46-3-214

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..... *E. M. Hedge*

Licensed Embalmer No. *2859*

P. O. Address *Webb 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.