U. S. No. 2
00M—5-43
Rev. 5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19633

Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 200

1. PLACE OF DEATH:

(a) County BUTLER.

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

(c) Name of hospital or institution: GROBIES GRAVE PIT, BLACK RIVER
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 13 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUTLER 12

(c) City or town ROUTE 3 POPLAR BLUFF 0
(If outside city or town limits, write "RURAL")

(d) Street No. BLACK ROAD 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME HAZEKIAH HASTINGS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased OCT. (Month) 3 AD (Day) 1932 (Year)

8. AGE: Years 13 Months 8 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace BUTLER CO. MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation SCHOOL BOY

11. Industry or business SCHOOL.

FATHER
12. Name WILLIAM HASTINGS 1
13. Birthplace GIBSON CO. TENN. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ROBIE LOIS TYLER
15. Birthplace MISS. 1
(City, town, or county) (State or foreign country)

16. (a) Informant WILLIAM HASTINGS
(b) Address POPLAR BLUFF ROUTE #3

17. (a) BURIAL (b) Date thereof 6/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation DUNNING CEME.

18. (a) Signature of funeral director FRANK - COTRELL
(b) Address POPLAR BLUFF MO

19. (a) 6/25/46 (b) R H Minette
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 16
year 1946 hour 2 minute 0 M.

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

	Duration
Immediate cause of death ASPHYXIATION	
Due to DROWNING.	
Due to WHILE SWIMING.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None.	
Of autopsy None.	

PHYSICIAN

Underline the cause to which death should be charged statistically.

183.3
36

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

(a) Accident, suicide, or homicide (specify) ACIDENT 12

(b) Date of occurrence JUNE 16, 1946.

(c) Where did injury occur? BUTLER CO MISSOURI
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO
(Specify type of place)

While at work? (e) Means of injury 3

23. Signature Grover W Greer CORONER.
(M. D. or other)

Address POPLAR BLUFF Date signed 6/19/46

35

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 146-292
Date Filed 2-3-46

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 Howard G. Rodgers

Licensed Embalmer No. 4386

P. O. Address Poplar Bluff 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.