

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED AUG 28 1946
Registration District No. **126**

Primary Registration District No. **2000**

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

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:
1400 Pythian St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **25 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **WILLIAM THOMAS HASKINS**

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 **Married**

6. (b) Name of husband or wife **Gora Haskins**

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

7. Birth date of deceased **January 30, 1867**
(Month) (Day) (Year)

8. AGE: Years **89** Months **6** Days **11**
If less than one day .hr. .min.

9. Birthplace **No record Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Grocery store owner**

MOTHER, FATHER {

12. Name **Orval Haskins**

13. Birthplace **no record no record**
(City, town, or county) (State or foreign country)

14. Maiden name **no record**

15. Birthplace **no record no record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wm. P. Haskins**

(b) Address **1400 Pythian St., Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 13, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **East Lawn Cemetery**

18. (a) Signature of funeral director **Fred J. Thieme**

(b) Address **Springfield, Mo.**

19. (a) **8-13-46** (b) **W. W. Handley**
(Date received local registrar) (Registrar's signature)

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. **1400 Pythian St.**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **11th**
year **1946** hour **1:00 P.M.** minute _____ M. _____

21. I hereby certify that I attended the deceased from **8/10** 19**46** to **8-11** 19**46**
that I last saw him alive on **8-10** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**

Due to **Emphysema, Pruritus**

Due to **Senility**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **None**

Of operations **None**

Of autopsy **None**

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 **J. Freeman** (M. D. or other)
Address **Springfield, Mo.** Date signed **8/13/46**

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.....

Ralph H. Thieme

Licensed Embalmer No. 3581

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.