

S. No. 2
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P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 16 1948
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37424

Registration District No. 126 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Jasper
(c) Name of hospital or institution: 2126 Adele 1
(d) Length of stay: In hospital or institution 26 years
In this community 26 years

3. (a) PRINT FULL NAME: Susan E. Haswell
3. (b) If veteran, name war No.
3. (c) Social Security No.
4. Sex F 1 5. Color or race W
6. (a) Single, widowed, married, divorced d
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: July 2 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 21 If less than one day hr. min.

9. Birthplace: Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Social Science Teacher

11. Industry or business: Senior Joplin High School

12. Name: Alanson Haswell

13. Birthplace: Maul Mein Burma
(City, town, or county) (State or foreign country)

14. Maiden name: Loretta C. Butler

15. Birthplace: Plattville Miss
(City, town, or county) (State or foreign country)

16. (a) Informant: H. A. Haswell

(b) Address: 2126 Adele

17. (a) Burial (b) Date thereof: Nov 24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Maple Park Cem. Springfield Mo

18. (a) Signature of funeral director: L. D. Hill
(b) Address: 305 W. 4th St. Joplin

19. (a) 11-23-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper Mo
(c) City or town Joplin
(d) Street No. 2126 Adele
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 22
year 1946 hour 3 minute 15 a.m.
21. I hereby certify that I attended the deceased from 10-18
1946 to 11-21 1946
that I last saw her alive on 11-21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia
Chest
Due to
Due to

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

Major findings: Of operations: 50
Of autopsy: 50

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?

23. Signature: J. D. Hill (M. D. or other)
Address: [Signature] Date signed: 11-23-46

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

MOTHER FATHER

46-11-1016

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..... *David Hillon*

Licensed Embalmer No. *3898*

P. O. Address..... *Joplin, 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.