S. No. 2
OM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10127

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 22

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 219 West Hill St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton 73
(c) City or town: Neosho 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 219 W. Hill St. 2
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Edwin C. Haslet
3. (b) If veteran, name war: None
3. (c) Social Security No. 487-03-7070
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary D. Haslet
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: December (Month) 7 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
66	2	18	hr. ..... min.

9. Birthplace: Topeka (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Carpenter
11. Industry or business: Camp Crowder
FATHER
12. Name: Edward Haslet
13. Birthplace: Unknown (City, town, or country) 9 (State or foreign country)
MOTHER
14. Maiden name: Effie Tennison
15. Birthplace: Unknown (City, town, or country) 9 (State or foreign country)
16. (a) Informant: Mary D. Haslet
(b) Address: Neosho Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 2-28-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Atchison Kansas
18. (a) Signature of funeral director: Boley Thompson
(b) Address: Neosho Mo.
19. (a) Mar. 12. 1947 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1947 hour 11:55 minute P. M.
21. I hereby certify that I attended the deceased from Feb 23, 1947, to Feb 25, 1947, that I last saw him alive on Feb 25 - 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	4 years
Third hemorrhage	
Due to: Arteriosclerosis	
Due to: Bedridden for several years	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Of autopsy .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: R L Jameson (M. D. or other)
Address: Neosho Mo Date signed: 3/11/47

223

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Newton

District File Number 347-56

Date Filed 3-21-47

APR 4 1947

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 Carey Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.