

FILED MAR 21 1947

Registration District No. 264

Primary Registration District No. 4395

1. PLACE OF DEATH:

(a) County. Ozark
(b) City or town. Rural- Bridges
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 64 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jack B. Haskins

3. (b) If veteran, name war. --- 3. (c) Social Security No. 486-30-8445

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Divorced
6. (b) Name of husband or wife. Martha Haskins 6. (c) Age of husband or wife if alive. 9 years
7. Birth date of deceased. December 9 1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 14 If less than one day hr. min.

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

10. Usual occupation. Farmer

11. Industry or business.

12. Name. James I. Haskins
13. Birthplace. not known Missouri
(City, town, or county) (State or foreign country)
14. Maiden name. Elizabeth Forrest
15. Birthplace. not known Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant. James B. Haskins
(b) Address. Gainesville, Missouri

17. (a) Burial (b) Date thereof. 1-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation. Lutie

18. (a) Signature of funeral director. Charles Beard Funeral Co.
(b) Address. Gainesville, Missouri

19. (a) Feb. 3, 1947 (b) Pamela Trump
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Ozark
(c) City or town. Gainesville- rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 24
1947 year. 9 hour. 58 A.M. minute.

21. I hereby certify that I attended the deceased from 1947 to 1947
that I last saw him alive on Jan 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death. Cardiac Decompensation 3 wks
Due to Arterial Hypertension 20 years or more
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.

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?

While at work? (Specify type of place) (e) Means of injury.

23. Signature. J. Hoerman (M. D. or other)
Address. 27-47 Date signed.

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

RECEIVED

District Health Officer No. 6,

District File Number 347-336

Date Filed MAR 15 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.....

W.B. Hutchison

Licensed Embalmer No.....

3431

P. O. Address.....

Gainesville, 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.