

No. 2  
1-2-43  
5-17-39  
1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12861

State File No. \_\_\_\_\_

FILED MAY 8 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 5291

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Clay Liberty Twp  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: P.O.F. Home Hosp. 35 day  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 35 day  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town Liberty  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rt 3  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Paul Hasler

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 5. Color white

6. (a) Single, widowed, married Widowed

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: Jan 8  
(Month) (Day) (Year)

1886 (Year)

8. AGE: Years 61 Months 3 Days 24

If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_  
(City, town, or county)

Switzerland  
(State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

John Hasler

12. Name \_\_\_\_\_

Switzerland

13. Birthplace \_\_\_\_\_  
(City, town, or county)

Switzerland  
(State or foreign country)

14. Maiden name \_\_\_\_\_

\_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county)

Switzerland  
(State or foreign country)

16. (a) Informant J. O. F. Home

Liberty, Mo

(b) Address \_\_\_\_\_

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof: May 7 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

Christ. Church

18. (a) Signature of funeral director \_\_\_\_\_

Liberty, Mo

(b) Address \_\_\_\_\_

19. (a) May 2, 1947  
(Date received local registrar)

(b) Monroe Hasler  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
year 1947 hour 4 minute 40 AM

21. I hereby certify that I attended the deceased from 2, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 6 days

Due to arterio-sclerotic heart disease 8-10 yrs.

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature S. O. Schroeder, M.D. (M. D. or other)  
Address Liberty, Mo. Date signed 5/2/47

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

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5-7-47

RECEIVED  
District Health Officer No. 8

JUN 18 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 Edgar Archer  
Licensed Embalmer No. 3311  
P. O. Address Liberty, 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.