

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13037

FILED MAY 14 1947

Registration District No. 183

Primary Registration District No. 5417

State File No. 13037

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Rieves (Rural) Clay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether years, months or days)
In this community Unknown

3. (a) PRINT FULL NAME

Laura Ann Hassell

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single widowed married, divorced 2
6. (b) Name of husband or wife Willard Hassell 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 approximate age. min.

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

10. Usual occupation at home

11. Industry or business home

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant George Neal

(b) Address Rieves, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Shilo Cemetery

18. (a) Signature of funeral director Paul Salomon

(b) Address Rieves, Mo.

19. (a) 5-7-1947 (Date received local registrar) (b) Betha Kinschling (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Rieves, Mo. (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: Month May day 4 year 1947 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 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 decompensated heart Duration _____

Due to _____

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 2

23. Signature Walter A. Haubert (Specify type of place)

Address Rieves, Mo. Date signed 5-4-47

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

RECEIVED

District Health Office No. 2,

District File Number 542-697

Date Filed 5-12-42

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.....
This body was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.