

S. No. 2
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5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15913**
Registrar's No. **906**

Registration District No. **317**

Primary Registration District No. **6076**

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
8900 Shawnee Lane
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 9-Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Overland
(If outside city or town limits, write "RURAL")
 (d) Street No. 8900 Shawnee Lane
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William Wesley Haskins

3. (b) If veteran, name war World War #1 3. (c) Social Security No. _____

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced <u>M</u>
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6. (b) Name of husband or wife Helen D 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Feb 13 1892
(Month) (Day) (Year)

8. AGE: Years <u>55</u>	Months <u>2</u>	Days <u>5</u>	If less than one day hr. _____ min. _____
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9. Birthplace Ozark County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Curtiss Candy Co.

12. Name Fletcher Haskins

13. Birthplace Ozark County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda

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

16. (a) Informant Helen D. Haskins

(b) Address 8900-Shawnee Lane Overland-14-Mo.

17. (a) Burial (b) Date thereof 4-21-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Park

18. (a) Signature of funeral director Bainman Bros. Inc.

(b) Address 2504-Woodson Rd-Overland-10-Mo.

19. (a) 4-22-47 (b) Coelia G. Haskins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 18 year 1947 hour 4 minute 55 P. M.

21. I hereby certify that I attended the deceased from April 18 1947, to April 18 1947.
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Occlusion

Due to arteriosclerosis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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) (c) Means of injury _____

23. Signature Roy A. Walcher (M. D. or other) _____
Address 2438 Woodson Rd Date signed 4-21-47

Duration

1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MAY 28 1947

MAY 12 1947

MAY 6 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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Park

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.