FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 8 1947

Registration District No. 185

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31643

Primary Registration District No. 3031

Registrar's No. 40

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

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town DESOTO (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 920 PLUM (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 50
(c) City or town DeSoto (If outside city or town limits, write "RURAL") 21
(d) Street No. 920 Plum (If rural, give location) 2
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME EUGENE HAFFLINGER
3. (b) If veteran, name war None
3. (c) Social Security No. —
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Victoria Hafflinger
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH (Month) 29 (Day) 1868 (Year)

8. AGE: Years 79 Months 5 Days 17 If less than one day hr. min.

9. Birthplace ALSAE LORAINE (City, town, or county) FRANCE (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name JOHN HAFFLINGER
13. Birthplace ALSAE LORAINE (City, town, or county) FRANCE (State or foreign country)
MOTHER
14. Maiden name AMELIA BLOCK
15. Birthplace ALSAE LORAINE (City, town, or county) FRANCE (State or foreign country)
16. (a) Informant HARRY CHAPMAN
(b) Address DESOTO, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 19 1947 (Month) (Day) (Year)
(c) Place: burial or cremation HILLSBORO, MO
18. (a) Signature of funeral director Daniel J. Mahr
(b) Address 116 So 4th DeSoto, Mo.
19. (a) 10-3-47 (Date received local registrar) (b) Marie Farris (Registrar's signature) 1111

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15 year 1947 hour 10: minute 30 P.M.

21. I hereby certify that I attended the deceased from 21 January 1946, to Sept. 15 1947 that I last saw him alive on Sept. 16 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	1 wk.
Due to Decompensating Heart	1 year.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of which death should be charged statistically.

950

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 2

23. Signature Chas. E. Owen (M. D. or other) DO
Address Edgar Bldg DeSoto, Mo. Date signed 9/17/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 10-2-42

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 43

P. O. Address [illegible] 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.