S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29089

FILED SEP 28 1948

Registration District No. 1948

Primary Registration District No. 3010

Registrar's No. 287

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 16

(c) City or town Cape Girardeau 4
(If outside city or town limits, write "RURAL") 0

(d) Street No. 909 Hickory Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lila Marie Hastings

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 30th (Day) 1948 (Year)

8. AGE: Years 0 Months 0 Days 4 If less than one day hr. min.

9. Birthplace Cape Girardeau (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name James Hastings
13. Birthplace Rombauer (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Rachael Crump
15. Birthplace Whitewater (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant James Hastings
(b) Address Cape Girardeau, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-04-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri.

19. (a) 9-21-48 (Date received local registrar) (b) C. C. Summers (Registrar's signature) 114

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd
year 1948 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from August 30, 1948, to Sept 3, 1948;
that I last saw her alive on Sept 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Spina Bifida.	4
Due to ✓	
Due to ✓	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

157B

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 0

23. Signature Hugo Klein (M. D. or other) MD

Address Cape Girardeau Mo Date signed 9-24-48

(Licensed Embalmer's Statement on Reverse Side)

-IVED

District Health Officer No. 4

District File Number 948-12

Date Filed 9-27-4

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

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.