

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF VITAL STATISTICS

SEP 3 1943

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 176

1. PLACE OF DEATH: Mo
 (a) County Mo
 (b) City or town Jessamine City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: S. F. Morgan's Hospital
 (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: 68
 (a) State Mo (b) County Moniteau
 (c) City or town Reel
 (If outside city or town limits, write "RURAL")
 (d) Street No. Center town, Mo Rt #2
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Charles Ben Hasceney
 3. (b) If veteran, name war Mo
 3. (c) Social Security No. 28

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 27 1937
 (Month) (Day) (Year)

8. AGE: Years 6 Months 2 Days 29
 If less than one day _____ hr. _____ min.

9. Birthplace Moniteau Co 0
 (City, town, or county) (State or foreign country)

10. Usual occupation _____
 11. Industry or business _____
 12. Name Leonard Hasceney
 13. Birthplace Mo (State or foreign country)
 14. Maiden name Nellie Dumas
 15. Birthplace Mo (State or foreign country)

16. (a) Informant Leonard Hasceney - Father
 (b) Address Leukersown - Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29 43
 (Month) (Day) (Year)
 (c) Place: burial or cremation Calvin Court California

18. (a) Signature of funeral director Pauline Tindal
 (b) Address California - 3210
 19. (a) 8-27-43 (Date received local registrar)
 (b) Norma Peltier (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 27 day Aug
 year 1943 hour 7:30 minute _____ D. M.
 21. I hereby certify that I attended the deceased from Aug 20, 1943, to Aug 27, 1943;
 that I last saw him alive on Aug 27 27, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Duration _____
 Due to Rocky Mountain Spotted fever
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 39C
 Of operations _____
 Of autopsy _____
 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 _____
 23. Signature M. P. Denton (M. D. or other) _____
 Address Mo Date signed 8/27/43

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

16
5
4

MOTHER FATHER

814

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 Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, Ill.

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.