

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Dixon Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 30 Yrs. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME JOHN B. HASKELL **240**

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mina Haskell 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 5, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>9</u>	<u>28</u>	hr. min.

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

10. Usual occupation Representative--1st Assembly District

11. Industry or business John Haskell

12. Name John Haskell

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

14. Maiden name

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

16. (a) Informant's own signature Mrs. Mina Haskell
(b) Address Dixon Hotel

17. (a) Burial (b) Date thereof 1-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Quirk & Johnson Co.
(b) Address H.C. Co.

19. (a) Jan. 4, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Dixon Hotel
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1940 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from Nov
1939, to Jan 3, 1940
that I last saw him alive on Jan 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis
Due to 171

Other conditions Char. Myocarditis
(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
23. Signature Dr. J. P. ... (M. D. or other) Dr.
Address 1115 Grand Ave Date signed 1-4-40