

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5954
 Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. _____
 (b) Township _____ Primary Registration District No. _____ Registered No. 165
 (c) City St. Joseph, (d) Street No. Missouri Methodist Hospital, St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna B. Haas,

(a) Residence, No. _____ St. Stanberry, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac Haas,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 6 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home;
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Clarksville,
 (STATE OR COUNTRY) Missouri,

FATHER 13. NAME Albert Zuzak,
 14. BIRTHPLACE (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Germany,

MOTHER 15. MAIDEN NAME Christina Genzberger,
 16. BIRTHPLACE (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Germany,

17. INFORMANT Isaac Haas
 (ADDRESS) Stanberry, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Adath Joseph Cem DATE Feb. 20th, 1939

19. FUNERAL DIRECTOR (NAME) Hester Bell & Brown
 (ADDRESS) 319 So. 10th. Str. Funeral Home

20. FILED Febro. 39 1939 A. J. Kestelbach
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18th, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-14, 1939, to 2-18, 1939
 I last saw h. u. alive on 2-18, 1939 Death is said

to have occurred on the date stated above, at 3:15 a. m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
(Type 1)
 Date of onset 8

Other contributory causes of importance: 108

Name of operation _____ Date of _____
 What test confirmed diagnosis? Smear Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) W. H. ... M. D.

(Address) 307 1/2 S. 5th St. St. Joseph Mo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.

July 18th 1919

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

J. W. Summerfield

Licensed Embalmer No. *3007*

P. O. Address *319 So 104th St*

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, above space should be left blank.