

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

35568  
Do not use this space.

NOV 8 1939

1. PLACE OF DEATH  
 (a) County Buchanan, Registration District No. 85  
 (b) Township 1 Primary Registration District No. 2001  
 (c) City St. Joseph, (d) Street No. 2322 Messanie 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Francis Haber,  
 (a) Residence, No. 2322 Messanie St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie Haber,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 4, 1870

7. AGE YEARS MONTHS DAYS If LESS than 7 day, hrs. or min.  
69 10 18

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Operator,  
 9. Industry or business in which work was done, as saw mill, bank, etc. Hotel,  
 10. Date deceased last worked at this occupation (month and year) October 1939. 11. Total time (years) spent in this occupation

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

FATHER  
 13. NAME William Haber,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

MOTHER  
 15. MAIDEN NAME Mary Zimmerman,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Austria,

17. INFORMANT (ADDRESS) Mrs. Wm E. Schery, 2322 Messanie Str.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cem. DATE Oct. 24th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kater - Pfole & Bannan, 319 So. 10th, Str. Funeral Home

20. FILED 10/23 19 39 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22nd, 1939

22. HEREBY CERTIFY, That I attended deceased from Oct 2, 1939, to Oct 22, 1939

I last saw him alive on Oct 14, 1939 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset unknown  
General arteriosclerosis Date of onset unknown

Other contributory causes of importance: none

Name of operation none Date of none  
 What test confirmed diagnosis: clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify no  
 (Signed) S. E. Meloney, M. D.  
 (Address) H. O. Ballenger, Bldg. St. Joseph Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. E.—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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RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE 11-3-39

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 Oct. 22/1939

Registered Apprentice No.

working under my personal supervision.

Signed

*W. E. Summerfield*

Licensed Embalmer No. 3007

P. O. Address 319, Sono St. Jones

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.