

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

2137
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township _____ Primary Registration District No. 3014
 (c) City Jefferson City, Mo. (d) Street No. St. Mary's 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Haaf
 (a) Residence, No. R. R. #3 Jefferson City, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1940
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
0 0 0

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.

FATHER
 13. NAME Joseph Haaf
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.

MOTHER
 15. MAIDEN NAME Lidian Goedde
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.

17. INFORMANT Joseph Haaf
 (ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's DATE 1/21/40 19

19. FUNERAL DIRECTOR (NAME) John F. Heinrichs
 (ADDRESS) Jefferson City, Mo.

20. FILED 1/22/1940 Sub Registrar (Address) Jeff. City, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/20/40 1940
 22. I HEREBY CERTIFY, That I attended deceased from 1/20/1940 to 1/20/1940
 I last saw h. alive on 1/20/1940 Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____
Pneumonia
10/1
 Other contributory causes of importance:
Malformation -
Gastroschisis &
Ectopic vesical

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? _____
 If so, specify _____
 (Signed) Sub Registrar, M. D.
Jeff. City, Mo. (Address)

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.

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 John F. Heinrich
.....
Licensed Embalmer N3655.....

P. O. Address..... Jefferson City, Mo.

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.