

Registration District No. 9.03

Primary Registration District No. 6212

Registrar's No. _____

1. PLACE OF DEATH

(a) County North

(b) City or town Grant city, Mitchell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life _____ (Specify whether)

years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County North

(c) City or town Rural
(If outside city or town limit, write "RURAL")

(d) Street No. Grant city, MO.
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

8. (a) PRINT FULL NAME HARRIETT EMILY HASS

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife L. H. Hass 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 10 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 10 17 hr. min.

9. Birthplace Grant city MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Lived with daughter & son

11. Industry or business _____

12. Name L. H. Cass

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

14. Maiden name Letitia Jackson

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

16. (a) Informant Ammon Hass

(b) Address Grant city, MO.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Cem.

18. (a) Signature of funeral director Arch C. Dunfee

(b) Address Grant city, MO.

19. (a) Jan 1, 1941 (b) Clifford Hass
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27
year 1940 hour 2:30 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 12 to 12-27, 1940;
that I last saw her alive on 12-26-40, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to _____

Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

23. Signature Clifford Hass (Specify type of place) _____
While at work (e) Means of injury _____

23. Signature Clifford Hass (M.D. or other) _____

Address Grant city MO Date signed 12-27-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Arch C. Dumble
Licensed Embalmer No. 3252
P. O. Address Grant 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.