

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:
4001 Agnes Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____ (Specify whether _____)
In this community: 52 Years (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME Mr. George A. Haist

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 Widowed

6. (b) Name of husband or wife Mrs. Addie B. Haist

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: November 3 1869
(Month) (Day) (Year)

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

71 6 18 hr. min.

9. Birthplace Souix City / Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Division Manager - Grocery 10 yrs.

11. Industry or business Montgomery Ward's

MOTHER FATHER { 12. Name Frederick Haist

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

14. Maiden name Barbara Mulbitch

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

16. (a) Informant Mrs. Mabel Ruth Kelley

(b) Address 4001 Agnes Avenue

17. (a) Burial (b) Date thereof May 23, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 11111 Mt. Moriah Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 22 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 4001 Agnes Avenue 8
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st
year 1941 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 19, 1941 to May 21, 1941; that I last saw him alive on May 21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Branchial Pneumonia Duration 7 days

Due to: 89m

Due to: 89m

Other conditions: Cerebral Apoplexy 1 year
(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) Means of injury 0

23. Signature John F. Lewis M.D. (Date or other) _____
Address 3546 Indiana Date signed 5-22-41

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

3548
2-5-
Indiana Bureau

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 C. Hervey Quisenberry
Licensed Embalmer No. 4070
P. O. Address PC 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, fact should be so stated above.