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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

to Miller 22130
State File No. 22130

Registration District No. 533

Primary Registration District No. 5713

Registrar's No. 50

FILED JUL 19 1941
533

1. PLACE OF DEATH:

(a) County macon
(b) City or town Hudson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 1/2 mile west of macon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community always years, months or days

3. (a) PRINT FULL NAME

Fred C Haber

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mellie Haber
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 6 1888
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 25
If less than one day hr. _____ min. _____

9. Birthplace macon ms
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Chris Haber

12. Name Chris Haber

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

14. Maiden name Catherine Gabelman

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

16. (a) Informant Emma Haber

(b) Address macon ms

17. (a) burial (b) Date thereof June 21-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grand Prairie Cem

18. (a) Signature of funeral director Adolf Skimmer

(b) Address macon ms

19. (a) 6/30/41 (b) Seeta Verta
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County macon
(c) City or town Hudson Twp
(If outside city or town limits, write "RURAL")
(d) Street No. 1/2 mile west of macon
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1941 hour 2 minute 2 M.

21. I hereby certify that I attended the deceased from June 18, 1941, to June 19, 1941,
that I last saw him alive on June 18, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Duration Shor.

Due to _____
Due to _____

Other conditions None
(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? _____

476
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Edward Della (M. D. or other) 0
Address macon ms Date signed 6/29/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 7-41-1397

Date Filed JUL 16 1941

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..... *George H. Hill*

Licensed Embalmer No. 4064

P. O. Address Wagon, 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.