

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Fifth OCT 13 1941
Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30566
Registrar's No. 3323

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: **2638 Cypress**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **37 Yrs.** (Specify whether years, months or days)
In this community **37 Yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2638 Cypress**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **5**
year **1941** hour minute M.
21. I hereby certify that I attended the deceased from **about 1936**
19 to **Sept 5** 19 **41**
that I last saw her alive on **Sept 4** 19 **41**
and that death occurred on the date and hour stated above

Immediate cause of death **Uremia**
Due to **Cardiac renal disease**
Also Carcinoma Left Breast
Other conditions **Fracture Left hip**
(Include pregnancy within 3 months of death) **2 1/2 weeks**

Duration

8 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations **1960 + 1860**
Of autopsy **19**

3. (a) PRINT FULL NAME

Carrie Haack

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

4. Sex **Fe.** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Chas. Haack** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Nov. 18 1863**
(Month) (Day) (Year)

8. AGE: Years **77** Months **9** Days **16**
If less than one day hr. min.

9. Birthplace **Elmira Ontario Canada**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business

12. Name **Conrad Rau**

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

14. Maiden name **Margaret Steuragel**

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

16. (a) Informant **Miss Margaret Haack**

(b) Address **2638 Cypress K.C.Mo.**

17. (a) **Burial** (b) Date thereof **9-6-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah**

18. (a) Signature of funeral director **Eylar Funeral Home**

(b) Address **1800 Linwood K.C.Mo.**

19. (a) **9/6/41** (b) **M. M. Grome**
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) **Acc.**

(b) Date of occurrence **8-16-41**

(c) Where did injury occur? **K.C. Jackson, Mo.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place) **123**

While at work? (e) Means of injury **Fall**

23. Signature **J. J. Franzen** (M. D. or other)

Address **1603 Grand K.C. Mo.** Date signed **9/3/41**

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

Vi 2443
about 2:30 PM.

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 Chas Wilks
Licensed Embalmer No. 2644
P. O. Address 1800 Pinewood

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.