

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1940

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

40861

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4537

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

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

(d) Length of stay: In hospital or institution 1 day

In this community 70 since 1870, 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Grace Haff

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Delbert J. Haff

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

7. Birth date of deceased: January 4 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>11</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER

12. Name George R. Haff

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

14. Maiden name Unknown

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

16. (a) Informant Harrison Fields

(b) Address 416 East 36th St., Kansas City, Mo.

17. (a) Burial (b) Date thereof 12-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Dillon Plaza, K. C., Mo.

19. (a) Dec 8 1941 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Missouri, (b) County Jackson, 3

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

(d) Street No. 416 East 36th Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th
year 1941 hour 4:12 minute A. M.

21. I hereby certify that I attended the deceased from Jan, 1940, to Dec 6, 1941;
that I last saw her alive on Dec 5, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to arterio-sclerosis

Other conditions 83B

(Include pregnancy within 3 months of death)

Duration 2 1/2 yrs
several years

PHYSICIAN

Major findings: _____
Of operations: _____

Of autopsy: _____

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? _____

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

23. Signature M. M. Crown (M. D. or other) _____
Address 1406 Bryant Bldg Date signed 12/6/41

Dr. Sophian

By and Ready

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.....

Willis H. Bennett

Registered Apprentice No. *282*

working under my personal supervision.

Signed

[Signature]

Licensed Embalmer No. *1413*

P. O. Address: *R. P. May*

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.