

FILED APR 8, 1942

Registration District No. 299

Primary Registration District No. 1002

Registrar's No.

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

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:  
1827 Norton 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 Lifetime years, months or days

3. (a) PRINT FULL NAME Mr. William Fredrick Haase

3. (b) If veteran, name was No 3. (c) Social Security No. 493-12-9031A

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife M s. Anna Haase 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased October 19 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 5 10 hr. min.

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

10. Usual occupation Book Binder

11. Industry or business R. Rigby Printing Co.

12. Name Herman Haase

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

14. Maiden name Henrietta Yost

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

16. (a) Informant Mrs. Anna Haase

(b) Address 1827 Norton Avenue

17. (a) Burial (b) Date thereof Mar. 31, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director D. H. Neumeister

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-30-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1827 Norton Avenue  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day March  
year 1942 hour 3:30 minute 9 M.

21. I hereby certify that I attended the deceased from March 19  
1942 to March 29 1942  
that I last saw him alive on March 28 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Myocardial Insufficiency 3 months  
Pericarditis 2 months

Due to Coronary Sclerosis 2 yrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged anatomically.

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)  
\_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature M. A. Peeler (M. D. or other)  
Address 1701 Jackson Date March 30, 42

**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 *H. C. Newcomer Jr*

Licensed Embalmer No. *4043*

P. O. Address *K. C. 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.**