

S. No. 2
DM-2-43
5-17-39
-1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4448**

Registration District No. 149

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 2522 Washington
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution. XX (Specify whether years, months or days)

In this community 58 years (Specify whether years, months or days)

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. 2522 Washington
(If rural, give location)

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

3. (a) PRINT FULL NAME Gustav Herman Harlass

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18th year 1943 hour 10: minute 20 P. M.

4. Sex Ma 5. Color or race Wh

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

6. (b) Name of husband or wife Hedwig Harlass

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

7. Birth date of deceased March 15 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 15 1943 to Oct. 18 1943

that I last saw him alive on Oct. 18 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
5 or 6 days

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

<u>87</u>	<u>7</u>	<u>3</u>	hr. min.
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Due to Probably Arteriosclerosis

Due to 132' 2

Other conditions 132' 2
(Include pregnancy within 3 months of death)

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

10. Usual occupation retired

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business stationary Fireman

12. Name No Record

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

14. Maiden name No Record

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

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? _____

16. (a) Informant Mrs. Charles Scharfenberg

(b) Address 812 Lafayette, K.C.K.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-43
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J. R. Hall

(b) Address Kansas City, Mo.

19. (a) 10-20-43 (Date received local registrar) (b) D. C. Brown (Registrar's signature)

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

23. Signature J. R. Hall (M. D.)

Address 1626 Lathrop Bldg Date signed 10.18.43

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

MOTHER FATHER

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 A R H Haenschel

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.