

No. 2
7-42
17-39
X327

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39416

State File No.

ED NOV 19 1943

Registration District No. 374

Primary Registration District No. 6272

Registrar's No.

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

1. PLACE OF DEATH:

(a) County North
(b) City or town Rural, Allen, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME EDWARD HASS

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie Etta Hass 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased June 27 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 11
year 1943 hour 4 minute 15 A.M.
21. I hereby certify that I attended the deceased from Oct 10
1943 to Oct 11, 1943
that I last saw him alive on Oct 10, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 3 Days 14
If less than one day hr. min.

Immediate cause of death Resumption of heart. Duration 2 hrs

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

Due to.....
Due to.....
Other conditions Induced by tooth decay (Include pregnancy within 3 months of death) 10 yrs

10. Usual occupation Farmer

Major findings: Of operations.....
Of autopsy no 13 ft 1
PHYSICIAN..... Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name Michael Hass

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

14. Maiden name Harriet Hunt

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

16. (a) Informant Mabel Hass

(b) Address Allen, Mo.

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 10-13-43 (Month) (Day) (Year)

(c) Place: burial or cremation Allen, Mo.

18. (a) Signature of funeral director Frank C. Duple

(b) Address Grant City, Mo.

19. (a) Oct 20 - 1943 (b) Allen, Mo. (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) ✓
(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) (e) Means of injury.....
23. Signature Ed Hass M.D. (By D. or other)
Address Independence, Mo. Date signed Oct 12 1943

JUL 21 1953

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 Arch C. Dangle

Licensed Embalmer No. 3257

P. O. Address Mount 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.