

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1150
175

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 26 1945

State File No. _____
Registrar's No. _____

Registration District No. 149

Primary Registration District No. 1002

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:
IN AMBULANCE EN ROUTE TO MENORAH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____

In this community 10 YEARS (Specify whether years, months or days) 3

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. 2027 SWOPE PARKWAY
(If rural, give location)

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

3. (a) PRINT FULL NAME Haase, Mr. MICHAEL

3. (b) If veteran, name war: No

3. (c) Social Security No. 513-20-6151

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. JEANETTE HAASE

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased JULY-14-1880
(Month) (Day) (Year)

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

64 5 27 10 hr. _____ min.

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

10. Usual occupation GRADING CONTRACTOR

11. Industry or business HIGHWAY + RAILWAY CONSTRUCTION

12. Name CHARLES HAASE

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

14. Maiden name UNKNOWN

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

16. (a) Informant MRS. JEANETTE HAASE

(b) Address 2027 SWOPE PARKWAY

17. (a) BURIAL (b) Date thereof JAN-13-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. ST. MARYS CEMETERY

18. (a) Signature of funeral director D. A. Newcomer's Sons

(b) Address 1401-BRUSH CREEK BLVD.

19. (a) 1-12-45 (b) M. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 10TH
year 1945 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from 10-15, 1943 to Jan 10, 1945
that I last saw h. alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Bundle Branch Block
Due to arterio sclerosis

Duration Several years

Due to _____

Other conditions... (Include pregnancy within 3 months of death) _____

Major findings: 93 d

Of operations _____

Of autopsy _____

PHYSICIAN
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? _____

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

23. Signature P. Sophia (M. D. or other) _____
Address 1405 Bryant Bldg Date signed Jan 10/45

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..... *Elsie Hottel*.....

Licensed Embalmer No. *1767*.....

P. O. Address..... *Kansas City*.....

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.