S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 17 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1153

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5370

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: 1022 Forest (If not in hospital or institution, write street number or location)

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

In this community 2 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town 1022 Forest (If outside city or town limits, write "RURAL")

(d) Street No. Kansas City (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emil A Haerer

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Maggie Haerer

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Dec (Month) 19 (Day) 1894 (Year)

8. AGE: Years 50 Months 0 Days 10 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Night watchman

FATHER
12. Name Fritz Haerer 4
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Matilda Fritz
15. Birthplace (City, town, or county) Ger 4 (State or foreign country)

16. (a) Informant Maggie Haerer

(b) Address 1022 Forest

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-31-44 (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Mo

18. (a) Signature of funeral director Mr C R Forster

(b) Address 914 Brooklyn

19. (a) 12-31-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1944 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov. 1-9 1944, to Dec 29 1944 that I last saw him alive on Dec 29 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive heart failure	6 wks
Due to Chronic myocarditis	12 mos
Due to Glomerular Nephritis superimposed acute attack	1 mo
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 D

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Allen L. Hart (M. D. or other)

Address 1100 Prof Bldg Date signed 12-30-44

(Licensed Embalmer's Statement on Reverse Side)

Dr Allen Heavey
11 00 Prop Reg 3177
11-12-1-4

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 Wm. K. Jackson

Licensed Embalmer No. 3954

P. O. Address KC 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.