

FILED JAN 12 1946

State File No. _____

Registration District No. 31

Primary Registration District No. 5108

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Cole Camp Rural Williamstownship
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 89 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Cole Camp Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Maria, Matilda, Margarethe Haase

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John G Haase 6. (c) Age of husband or wife if alive Dead years _____

7. Birth date of deceased September 8th 1856
(Month) (Day) (Year)

8. AGE: Years 89 Months 3 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Gardner
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Fredericke Clausen
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Haase
(b) Address Cole Camp Mo R #3

17. (a) Burial (b) Date thereof Dec 23rd 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hulda

18. (a) Signature of funeral director R. L. Eickhoff
(b) Address Cole Camp Mo

19. (a) Jan-5-1946 (b) Touline Harris
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20
year 1945 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from Dec. 8 1945 to Dec 20 1945
that I last saw her alive on Dec. 20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to Essential Hypertension
Due to _____

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

Major findings: 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 A. W. Moreland (M. D. or other) MD
Address Cole Camp, Mo Date signed 12-22-45

Rice

Order No. 7,

Co.

12-13-42

Date

1-11-46

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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole. Camp Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.