DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13971

State File No.

FILED MAY 9 1946

Registration District No. 243 Primary Registration District No. 5833 Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Pierce City Rural
(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 (Specify whether
In this community lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Newton 73

(c) City or town Rural Pierce City 0
(If outside city or town limits, write "RURAL")

(d) Street No. Near Center Point 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Harriet Haase

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W.

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife John Haase

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

7. Birth date of deceased Mar (Month) 4 (Day) 1879 (Year)

8. AGE: Years 72 Months 3 Days 4 If less than one day hr. min.

9. Birthplace (City, town, or county) 92 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) 0 (State or foreign country)

16. (a) Informant John Haase, son 1
(b) Address Pierce City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 31, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Jolly Cemetery

18. (a) Signature of funeral director Nemeyer
(b) Address Pierce City Mo.

19. (a) 4-20-1946 (Date received local registrar) (b) Ora Tanner by Mrs (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1946 hour 5 P.M. minute M.

21. I hereby certify that I attended the deceased from March 14, 1946 to March 29, 1946
that I last saw her alive on March 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis 10 Years — Duration ~~10 year~~

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

93d

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 E. B. Knight (M. D. or other)
Address Pierce City, Mo. Date signed 3-29-46

221 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 546-60
Date Filed MAY 7 1946

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Victor O. Hemeyer

Licensed Embalmer No. 3822

P. O. Address Pierce City, Mo

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

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

No. 2B
—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 243 Primary Registration District No. 5833 Registrar's No. 15

1. PLACE OF DEATH:

(a) County: Newton

(b) City or town: Rural
(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 ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

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

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

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

If yes, name country .....

3. (a) PRINT FULL NAME: Harriet Haase

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: Wid

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

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

7. Birth date of deceased: Mar (Month) 4 (Day) 1874 (Year)

8. AGE: Years 72 Months 3 Days ..... If less than one day ..... hr. ..... min.

9. Birthplace: Indiana, Morgan Co. (City, town, or county) (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

MOTHER FATHER

12. Name .....

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

14. Maiden name .....

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

16. (a) Informant: John Haase, Son

(b) Address: Pierce City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 31 (Month) (Day) 1946 (Year)

(c) Place: burial or cremation: Jolly

18. (a) Signature of funeral director .....

(b) Address .....

19. (a) ..... (Date received local registrar) (b) Ora Tanner by mrs. (Registrar's signature)
Dep.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1946 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... , 19..... to ..... , 19..... ; that I last saw h. ..... alive on ..... , 19..... ; and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due to .....

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature ..... (M. D. or other) .....

Address ..... Date signed .....

SUPPLEMENTARY

13972