V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16995

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 20th and Main St. (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 Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 1217 Central (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME George E. Haase
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 single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 20 (Day) 1896 (Year)
8. AGE: Years 50 Months 2 Days 13 If less than one day hr. min.
9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business Roller Tent & Awning Co
MOTHER FATHER
12. Name Julius Haase
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Margaret Pflug
15. Birthplace Penn (City, town, or county) (State or foreign country)
16. (a) Informant Julius Haase
(b) Address 1217 Central
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-46 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem
18. (a) Signature of funeral director Charles Dillon
(b) Address 305 W 4th St
19. (a) 4-4-46 (Date received local registrar) (b) E. D. Jamison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1946 hour 11:40 minute P. M.
21. I hereby certify that I attended the deceased from did not attend 19..; that I last saw h. alive on 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull. Duration 10 min.
Due to Internal Hemorrhage. 9 "
Due to Hit By Car on 20th & Main while walking across street.
Other conditions
Major findings of operation
Of autopsy Fracture confirmed Temporal Bone at Frontal
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) Accident 122
(b) Date of occurrence 4-2-46
(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 20th & Main (Specify type of place)
While at work? No (e) Means of injury Hit By Car
23. Signature D. W. Nerlet M.D. Coroner
Address 2114 Joplin St. Joplin, Mo. Date signed 4/3/46

(Licensed Embalmer's Statement on Reverse Side)

46-4-352

JUN 4 1946

MAY 27 1946

FEB 7 1947

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin 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.