

S. No. 2
12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1947
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1124
Registrar's No. 219

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:
5503 EAST-16TH STREET TERRACE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 68 YEARS (Specify whether years, months or days)

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. 5503 EAST-16TH ST. TERRACE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. AUGUST HAASE
(b) If veteran, name war No
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JANUARY day 17TH
year 1947 hour 4 minute 00 A. M.
21. I hereby certify that I attended the deceased from
12-27 1944 to 10-23 1946
that I last saw him alive on 10-23- 1946
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. LOTTIE HAASE
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased JANUARY 22 1875
(Month) (Day) (Year)

Immediate cause of death Carcinomatosis Duration _____
Due to buccal Ca
Due to _____
Other conditions 452
(Include pregnancy within 3 months of death)

8. AGE: Years 71 Months 11 Days 26 If less than one day _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace MORGAN COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business HARDWARE

12. Name HERMAN HAASE

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

14. Maiden name HENRIETTA YOSI

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

16. (a) Informant MRS. LOTTIE V. HAASE

(b) Address 5503 EAST-16TH STREET TERRACE

17. (a) BURIAL (b) Date thereof JAN-20-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director D. H. Newcomer, Iowa

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 1-17-47 (Date received local registrar)
Geraldine Holmes (Registrar's signature)

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 [Signature] (M. D. or other) 1-17-47
Address 1010 Hialto Bldg. Date signed 1-17-47

1010
1-5
Realty Bldg.

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. Oscar Worthy*

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.