

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 16063

FILED MAY 7 1947

Registration District No. 3 1247Primary Registration District No. 6092Registrar's No. 89

1. PLACE OF DEATH:

(a) County Saline
 (b) City or town Grand Pass, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Rural
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. Several years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles William Hase.3. (b) If veteran, name war _____3. (c) Social Security No. No

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife. Alma Hase
 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased. October 23, 1870.
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 6 0 hr. min.

9. Birthplace Holstein, Missouri.
(City, town, or county) (State or foreign country)10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER
 12. Name Carl Hase,
 13. Birthplace unknown Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Friederich Mattekamp
 15. Birthplace unknown Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma Hase
(b) Address Grand Pass, Missouri.17. (a) Burial (b) Date thereof. April 26, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation. Mt. Nebo, Grand Pass,(d) Signature of funeral director. Alfred H. Jensen(e) Address. Alma, Missouri.19. (a) April 24, 1947 (b) Bridget Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
 (c) City or town. Grand Pass, Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. R72
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23,
year 1947 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from

Jan 15 1947 to Apr 23 1947
 that I last saw him alive on Apr 23 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death.

Cardio-vascular - renal disease Duration 7 yrs

Due to _____

Due to _____

Other conditions. Cerebral Hemorrhage 8 Mo
(Include pregnancy within 5 months of death)Major findings:
Of operations _____

Of autopsy _____

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 Geo A Kelling (M. D. certifier)
Address Waverly, Mo. Date signed 4-24-47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-6-47

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..... *Alfred N. Brewer*.....

Licensed Embalmer No. 2696.....

P. O. Address Alma, Missouri.....

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.