

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

FILED MAY 13 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 533

1. PLACE OF DEATH:

(a) County... Buchanan  
(b) City or town... St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 6 days  
(Specify whether years, months or days)  
In this community... 6 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Holt 44  
(c) City or town... Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No... 3 miles south of Craig, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Emma Louise Haer

3. (b) If veteran, name war... None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Andy Haer 6. (c) Age of husband or wife if alive... years  
7. Birth date of deceased November 12, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 75 5 21 hr. min.

9. Birthplace Harrison County Mo. ( )  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business In the home

12. Name Carl Wellman

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

14. Maiden name Caroline Piper

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

16. (a) Informant Mrs. General Randall  
(b) Address Craig, Mo.

17. (a) Burial & removal (b) Date thereof May 11, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F.

18. (a) Signature of funeral director Wilber L. Schoder  
(b) Address Craig, Mo.

19. (a) May 13, 1948 (b) E. L. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9  
year 1948 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 3, 1948, to May 9, 1948,  
that I last saw her alive on May 8, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 7 days

Due to Hypertension ?  
Arteriosclerosis ?

Due to.....  
Other conditions Diabetes Mellitus 12 yrs.  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy - 101  
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 E. L. Jenkins (M. D. seal)  
Address 706 Francis St., Date signed 5/10/48  
St. Joseph, Mo.

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

MOTHER FATHER

JUN 21 1948

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.....

*Myself*..... Registered Apprentice No.....

working under my personal supervision.

Signed *Wilber L. Schooner*.....

Licensed Embalmer No. *3997*.....

P. O. Address *Craig, 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.