S. No. 2
1—1-4-41
7. 5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9460

Registrar's No. 869

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)

In this community: 37

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.: 1224 Holmes St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: OREN M. DeHAAAS

3. (b) If veteran, name war: No

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: Anna DeHaas

6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: January (Month) 23 (Day) 1867 (Year)

8. AGE: Years 74 Months 1 Days 5 If less than one day hr. min.

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

10. Usual occupation: Furniture Packer

11. Industry or business:

FATHER
12. Name: William W. DeHaas
13. Birthplace (City, town, or county): Pennsylvania (State or foreign country)

MOTHER
14. Maiden name: Rebecca Copethwaite
15. Birthplace (City, town, or county): Illinois (State or foreign country)

16. (a) Informant: Wm. DeHaas
(b) Address: 1224 Holmes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-3-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Mellody-McGilley
(b) Address: K.C. Mo.

19. (a) 2/2/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28th year 1941 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2-25-41, 19__, to 2-28-41, 19__; that I last saw him alive on 2-28-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute coronary occlusion and acute myocardial infarct — Duration

Due to: 9 hr

Due to: 9 hr

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy: See above

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: Drucy R. Thom (M. D. or other)
Address: Med. Dir. K.C. Gen. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.