No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 27 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35039

Registration District No. 3204 Primary Registration District No. 4197 Registrar's No. 59

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Bethany Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community Thirty three years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison 041
(c) City or town Bethany (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Minnie H. Haas
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W.
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Stanley M Haas
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased March (Month) 2 (Day) 1874 (Year)

8. AGE: Years 67 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Mt Moriah (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House wife
11. Industry or business
MOTHER FATHER
12. Name Henry O. Bryant
13. Birthplace Do not Know (City, town, or county) (State or foreign country)
14. Maiden name Louise Shumaker
15. Birthplace Do not Know (City, town, or county) (State or foreign country)
16. (a) Informant S. E. Haas
(b) Address Bethany Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cemetery
18. (a) Signature of funeral director Clifford Burke
(b) Address Maryville Mo
19. (a) 9/30/41 (Date received by local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25 year 1941 hour 9:30 minute A. M.
21. I hereby certify that I attended the deceased from May 3, 1941, to Sept. 24, 1941; that I last saw her alive on Sept. 24, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial pneumonia	3 days
Due to Senility and Osteogenesis Imperfecta.	Life
Due to	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations None	
Of autopsy None	

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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 Donald R. Gydell D.O. or ~~M.D.~~ D.O.
Address Bethany, Mo. Date signed 9-30-41

50 (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 Me

..... Registered Apprentice No. .....

working under my personal supervision.

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.