

FILED OCT 9 1942
Registration District No. 187

Primary Registration District No. 3-694

Registrar's No. 149

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe twp. (RURAL)
(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 _____ (Specify whether _____)
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town R. R. #1 Chillicothe, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3 1/2 Mi. South East-Chillicothe
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME CHAS HIRAM HAAS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 18 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Carroll County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Henry Haas
13. Birthplace California
(City, town, or county) (State or foreign country)
14. Maiden name Mattie Cunningham
15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Daisy Lee Haas

(b) Address R. R. #1 Chillicothe, Mo.

17. (a) Chillicothe (b) Date thereof 9 7 '42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri

19. (a) SEPT 5-1942 (b) Lou Ella Cuddy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd
year 1942 hour 10:40 minute _____ P: M.

21. I hereby certify that I attended the deceased from March 12
1942 to Sept 3 1942
that I last saw him alive on Sept 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of larynx
Duration 6 mo

Due to _____

Due to _____

Other conditions H7a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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) _____ (Means of injury)

23. Signature [Signature] M. D. or other _____

Address Chillicothe, Mo. Date signed 9/8/42

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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.....

..... E. R. Norman, Registered Apprentice No.....
working under my personal supervision.

Signed..... ER Norman

Licensed Embalmer No. 2374.....

P. O. Address... Chillicothe, 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.