

V. S. No. 2
100M-2-4
Re 5-17-44
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30735**
Registrar's No. **3895**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **Research Hospital**
(d) Length of stay: **21 Days**
In this community **21 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Kansas** (b) County **Reno**
(c) City or town **Hutchinson**
(d) Street No. _____
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Mr. John A. Haas**
(b) If veteran, name war **no** (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **September** day **9th** year **1943** hour **9** minute **15 A.**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Flaudie Haas**
6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **October 31 1870**

21. I hereby certify that I attended the deceased from **Aug 9 1943** to **Sept 9 1943**
that I last saw him alive on **Sept 9 1943**
and that death occurred on the date and hour stated above.

8. AGE: Years **72** Months **10** Days **8**
If less than one day _____ hr. _____ min.

Immediate cause of death **acute coronary occlusion**
Due to **arteriosclerosis**

9. Birthplace **Wisconsin**

Due to **94a**

10. Usual occupation **Farmer**

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

11. Industry or business _____

Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER { 12. Name **Haas**
13. Birthplace **Germany**
14. Maiden name **Johanna**
15. Birthplace **Germany**

16. (a) Informant **Mrs. Flaudie Haas**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address **Hutchinson, Kansas**

17. (a) **Removal** (b) Date thereof **Sept. 10, 1943**

(c) Place: burial or cremation **Larned, Kansas**

18. (a) Signature of funeral director **D. H. McCaskey**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **9-10-43** (b) **D. E. Brown**

While at work? _____ (Specify type of place) _____ (c) Means of injury _____

23. Signature **Lemuel** (M. D. or other) _____
Address **820 prof Bedg** Date signed **9/10/43**

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

APR 5 1948

8200
11-12; 2-4
Newcomer Body

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..... *K C Newcomer*
Licensed Embalmer No..... *4043*
P. O. Address..... *K C 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.