

No. 2
3-43
5-17-39
1 X37823

FILED JAN 3 2 1945
Registration District No. **2185**

Primary Registration District No. **4423**

Registrar's No. **48**

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

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Weston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution no (Specify whether
In this community entire life
years, months or days)

3. (a) PRINT FULL NAME Vita Galena Haas

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

4. Sex female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frank S. Haas 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased June 26 1887
(Month) (Day) (Year)

8. AGE: 57 Years Months 5 Days 1 If less than one day
hr. min.

9. Birthplace Platte Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name Price Kifkpatrick

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

14. Maiden name Lula Gilbert

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

16. (a) Informant Frank S. Haas

(b) Address Weston, Missouri

17. (a) Burial (b) Date thereof Nov. 29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laural Hill Cemetery

18. (a) Signature of funeral director Vaughn Funeral Home
Weston, Missouri

(b) Address

19. (a) 12-2-44 (b) Mrs Clay Kiffie
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte **83**
(c) City or town Weston **1**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. XX (If rural, give location) **0**
(e) Citizen of foreign country? no (Yes or No) **0**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 27
year 1944 hour 3:07 minute 07 a.m.

21. I hereby certify that I attended the deceased from Feb. 23 1944 to NOV. 27, 1944
that I last saw her alive on NOV. 26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Uterus Duration 12 Mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **480**

Major findings: Of operations L

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:

(c) 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 2

23. Signature R. J. Pelling (M. D. or other) D.O.

Address 111/28142 Date signed Weston

RECEIVED

District Health Officer No. Platte Co

District File Number 1-45-2

Date Filed 1-2-45

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 Walter R. Jaeger

Licensed Embalmer No. 4823

P. O. Address Weston, 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: