

S. No. 2
4-8-43
5-17-39
X37823

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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS

FILED SEP 18 1945 STANDARD CERTIFICATE OF DEATH

Registration District No. 87 Primary Registration District No. 5324 Registrar's No.

1. PLACE OF DEATH:
(a) County Lambert
(b) City or town Lambert "RURAL"
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lambert 28
(c) City or town Lambert "RURAL"
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HERMAN HENRY HAASE
(b) If veteran, name war ✓
(c) Social Security No. ✓
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Haase
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased. 12 - 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 21
year 1945 hour 4 minute 10 P. M.
21. I hereby certify that I attended the deceased from Feb 15 to Feb 21, 1945
that I last saw him alive on Feb 21, 1945
and that death occurred on the date and hour stated above.

8. AGE: 79 Years 2 Months 3 Days If less than one day
hr. min.

Immediate cause of death Chronic Endocarditis
Due to
Due to

9. Birthplace Davenport Iowa
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: None
Of operations
Of autopsy

10. Usual occupation Retired Farmer
11. Industry or business Retired Farmer
12. Name Henry Haase
13. Birthplace Davenport Iowa
14. Maiden name Wilhelmine Bergmann
15. Birthplace Davenport Iowa
(City, town, or county) (State or foreign country)

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

16. (a) Informant Anna Haase
(b) Address Lambert Mo
17. (a) Burial (b) Date thereof 2-24-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lambert Mo
18. (a) Signature of funeral director Albert Edging
(b) Address Lambert Mo
19. (a) Feb 21st (b) W. Adams
(Date received local registrar) (Registrar's signature)

23. Signature N. J. Drun (M. D. or other)
Address Lambert Mo Date signed 2-24-45

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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(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..... *Elbert E. Long*

Licensed Embalmer No. *B504*

P. O. Address *Bourbon 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.