

S. No. 2
M-5-43
5-17-39
X38671

FILED JAN 5 1946
Registration District No. **280**

Primary Registration District No. **4422**

Registrar's No. **18**

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: /
(If not in hospital or institution, write street number or location)
 (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 Henry Lewis Haas
 3. (b) If veteran, name war XX 3. (c) Social Security No. XX
 4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased August 22 1859
(Month) (Day) (Year)

8. AGE: 86 Years 3 Months 2 Days
 If less than one day hr. min.

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

10. Usual occupation Farm Laborer

11. Industry or business

MOTHER FATHER
 { **12. Name** George Haas
 { **13. Birthplace** XX Germany
 { **14. Maiden name** unknown
 { **15. Birthplace** unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lola McGown
(b) Address 2700 Gillham, K. C. Mo.

17. (a) Burial **(b) Date thereof** Nov. 25, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cemetery

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

19. (a) 12-1-45 **(b)** Mr. B. P. Rollin
(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")
 (d) Street No. 0 (If rural, give location)
 (e) Citizen of foreign country? no **0** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
 year 1945 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from
Nov. 20, 1945, to _____, 19____;
 that I last saw him alive on Nov. 20, 1945,
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis **Duration 5 yrs.**
 Due to _____
 Due to _____

Other conditions Arteriosclerosis
(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?
(Specify type of place)

While at work? _____
 (e) Means of injury _____
23. Signature R. J. Felling **(M. D. or other)** D.O.
Address Weston, Mo. **Date signed** 12/1/45

1448

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. Vaughn

Licensed Embalmer No. 4023

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.