

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN
c. LENGTH OF STAY (In this place) 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) FREEMAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN
d. STREET ADDRESS (If rural, give location) 402 BYERS AVENUE

3. NAME OF DECEASED
a. (First) WILLIAM b. (Middle) A. c. (Last) VAN HAFFTEN

4. DATE OF DEATH JAN. 24, 1956

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED

8. DATE OF BIRTH APR. 9, 1871

9. AGE (In years last birthday) 84

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAX ACCOUNTANT

10b. KIND OF BUSINESS OR INDUSTRY ACCOUNTING

11. BIRTHPLACE (State or foreign country) DETROIT, MICHIGAN

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ALEXANDER VAN HAFFTEN

13b. MOTHER'S MAIDEN NAME UNK

14. NAME OF HUSBAND OR WIFE ANNA VAN HAFFTEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) UNK

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS ANNA VAN HAFFTEN, 402 BYERS AVE.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy
ANTECEDENT CAUSES
DUE TO (b) Chronic myocarditis.
DUE TO (c) Acute bronchitis.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4222

INTERVAL BETWEEN ONSET AND DEATH
1 day
6 mo.
2 days.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jane 1953, to Jan., 1956 that I last saw the deceased alive on Jan. 24, 1956, and that death occurred at 12:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Print or type) [Signature]

23b. ADDRESS 607 Frisco Bldg., Joplin, Mo.

23c. DATE SIGNED Jan. 26-56

24a. BURIAL, CREMATION REMOVAL (Specify) CREMATION

24b. DATE 1-26-56

24c. NAME OF CEMETERY OR CREMATORY D. W. NEWCOMERS' SONS,

24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI

DATE REC'D BY LOCAL REG. 1-27-56

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.

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

FEB 20 1956

RECEIVED FEB 1 1956
Jasper County Health Office
County File Number 56-2-103
Date Filed FEB 1 1956

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed F. M. Jones.....

Licensed Embalmer No. 2319

P. O. Address. Joplin 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.