## Kentucky Post - December 28, 1936

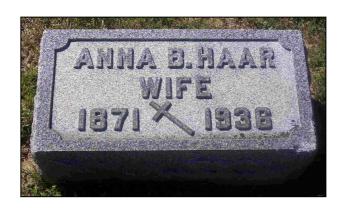
## Mrs. Anna Haar

Mrs. Anna Haar, widow of Frank Haar, died last night at her home, 622 Highland avenue. Covington, following a short illness.

Mrs. Haar, a life-long resident of Covington, was a member of the St. Monica Married Ladies Society of St. Augustine Church, Covington.

Funeral services will be held at the Henry Linnemann Sons funeral home, Covington, Wednesday at 8:30 a.m., with requiem high mass at St. Augustine Church at 9 a.m. Burial will be in Mother of God Cemetery.

HAAR—Anna (nee Busse), widow of Frank H. Haar, at the dence, 622 Highland-av, Covington, Ky., Sunday, December 27, 1936, age 66 years. Funeral Wednesday, December 30, at the Linnemann Funeral Home, 25-27 East 11th-st, at 8:30 a.m. Requiem High Mass at St. Augustine Church at 9 a.m. Interment Mother of God Cemetery.



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Porm V. S. 1-A COMMONWEALT	H OF KENTUCKY
Departmen	nt of Health
Ken Iro. CERTIFICAT	E OF DEATH
County	700 Registered No
Vot. Pet Registration District No 2290	
Ing. Town Primary Registration District No.	
City Counging (No. Clas Alle at Magdel Cward) (If death, occurred in a hospital or institution, give its NAME instead of street and number)	
	ospital or institution, give its NAME instead or street and number;
2. PULL NAME anna of aar	
(a) Residence. No. 622 Nightan Cat. Ward (If nonresident, give city or town and State)	
Length of residence in city or town where death secured 66 yes. was. ds. Now long in U. S., if of fereign birth? yes. mes. ds.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. Single, Married, Widowed	21. DATE OF DEATH Que 27 M. 1936
J. W. Widow	22.   HEREBY CERTIFY, That I attended deceased from
Sa. If married, widowed, or dispersed HUSBAND of	Oct. 16. 1036 to Clar 27 1036
( W) WIFE I As ank A. Nam	I last saw her alive on Oct 17 . 1226, death is said to have occurred on the date stated above, at 11 Pro-m.
6. DATE OF BIATH June 12 - 1870	The principal cause of death and related causes of importance in order of onset were as follows:
7. AGE Yest Months Days If LESS than	Date of onest
66 6 5 1 day	Chemina Columnia Colis
	Contract Contract
anyer, bookkeeper, etc.	- 23
9. Industry or business in which work was done, as all mill.	
181	Contributory causes of importance not related to
this occupation (month and spent in this	principal cause:
rear) orrupation.	
12. BIRTHPLACE Governgton ty	
# 13. HAME In the Busse	Name of operation Date of
15. NAME OF THE STATE OF THE ST	What test confirmed diagnosis Labyas there an autopsy? Mr
2 14. BIRTHPLACE Dermany	23. If death was due to external causes (violence) fill in also the
13. MAIDEN NAME Mary Bider hacke	following: Accident, suicide, or homicide?date of injury19
5 0	Where did injury occur?
16 BIRTHPLACE Germany	Where did injury occur?  (Specify city or town, county, and State)  Specify whether injury occurred in industry, in home, or in public place.
17. INFORMANT & our Nes Ram	poone prace.
· (Address) 153 W 19th dt	Manner of injury
18. BURIAL CREMATION, OR REMOVAL	Nature of injury
Machin & Br 1 pate 12/30/36 10	
Hand of Land	land the second
19. UNDERTAKER	deceased?If so, specify
(Address)	(Signed) tell Chau, M. D.
20. PDEC 28 1936 . 10 Porchite Office (Address) 1549 Holman an	
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