

1940 FEB 19 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1677
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan Registration District No. 85
(b) Township St. Joseph Primary Registration District No. 1001
(c) City St. Joseph (d) Street No. 2901 Lafayette St.
(e) Length of residence in city or town where death occurred 73 yrs. 5 mos. 22 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Josephine Riordan
(a) Residence, No. 2901 Lafayette St. (If nonresident, give city or town and State)

| PERSONAL AND STATISTICAL PARTICULARS | | | | |
|---|---|--|---|--|
| 3. SEX Female | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James P. Riordan | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1866. | | | | |
| 7. AGE | YEARS 73 | MONTHS 5 | DAYS 22 | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-wife | | | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. | | | |
| | 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (CITY OR TOWN) St. Joseph Missouri (STATE OR COUNTRY) | | | | |
| FATHER | 13. NAME Nicholas Hautzenrader | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) Unknown Germany (STATE OR COUNTRY) | | | |
| MOTHER | 15. MAIDEN NAME Unknown | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) Unknown Germany (STATE OR COUNTRY) | | | |
| 17. INFORMANT James P. Riordan (ADDRESS) 2901 Lafayette Str. St. Joseph, Mo. | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery PLACE St. Joseph, Mo. DATE Jan. 8, 1940 | | | | |
| 19. FUNERAL DIRECTOR (NAME) H.O. Sidenfaden & Son (ADDRESS) 802 Union Str. St. Joseph, Mo. | | | | |
| 20. FILED Jan 6 1940 H. J. Neutlebach Local Registrar | | | | |

| MEDICAL CERTIFICATE OF DEATH | |
|---|-------------------------|
| 21. DATE OF DEATH (MONTH, DAY, AND YEAR) | January 3 1940 |
| 22. I HEREBY CERTIFY, That I attended deceased from 1939 to Jan 5 1940 | |
| I last saw her alive on Jan 5 1940 Death is said to have occurred on the date stated above, at 11:45 PM | |
| The principal cause of death and related causes of importance were as follows: Mental disease Anuricula fibrillation | |
| Date of onset | ? |
| Other contributory causes of importance: Same | |
| Name of operation | Chloroform |
| What test confirmed diagnosis | Chloroform |
| 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury....., 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. | |
| Manner of injury | Chloroform |
| Nature of injury | Chloroform |
| 24. Was disease or injury in any way related to occupation of deceased? No | |
| If so, specify (Signed) | H. J. Neutlebach |
| (Address) | Central St. Joseph, Mo. |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 *Robert P. Carlson*

Licensed Embalmer No. 4028

P. O. Address St. Joseph, 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, above space should be left blank.