V. S. No. 2
50M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6015

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 218

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

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST JOSEPH
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1513 4th Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)

In this community OVER 50-YEARS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUCHANAN

(c) City or town ST-JOSEPH.
(If outside city or town limits, write "RURAL")

(d) Street No. 1513 — 4TH AVE.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME MILTON-HETHERINGTON

3. (b) If veteran, name war —

3. (c) Social Security 491-09-2504

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband~~ or wife Edna May

6. (c) Age of ~~husband~~ or wife if alive 60 years

7. Birth date of deceased March (Month) 14 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	11	11	hr. min.

9. Birthplace Muscotah (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Employee Mo. Iron & Metal Co.

11. Industry or business

FATHER
12. Name Henry Hetherington
13. Birthplace ? (City, town, or county) Oregon (State or foreign country)

MOTHER
14. Maiden name Margaret O'Rourke
15. Birthplace ? (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Miss Gertie Hetherington

(b) Address 1513-4th Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27-40 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Ashland Cem

18. (a) Signature of funeral director Roy Stamey

(b) Address St Joseph, Missouri

19. (a) Feb. 26, 1940 (Date received local registrar) (b) H. J. Nesthouse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25 year 1940 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from 12/1/39 ..... 19..., to 2/25 ..... 1940 that I last saw him alive on 2/24/40 ..... 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis And Gangrene of Left Foot

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Arteriosclerosis

Of autopsy None

Duration

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

85

23. Signature J. T. Stamey (M. D. ~~or other~~)

Address 2624 St Joseph Ave Date signed 2/24/40

#5

(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 John H. Hurley, Registered Apprentice No. ....., working under my personal supervision.

Signed John H. Hurley

Licensed Embalmer No. 4050

P. O. Address 9328 St Joseph Ave

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.