

U. S. No. 2  
M-11-10-39  
Rev. 5-17-39  
I X21492

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6042**  
Registrar's No. **249**

Registration District No. **85**

Primary Registration District No. **1001**

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:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community Yes  
years, months or days 5 30

3. (a) PRINT FULL NAME Cecile Agnes Dandurant  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Louis J. Dandurant  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased April - 21 - 1895  
(Month) (Day) (Year)

8. AGE:  
Years 44 Months 10 Days 11  
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business  
12. Name Charles Allen Buddy  
13. Birthplace Gettysburg Penn  
(City, town, or county) (State or foreign country)  
14. Maiden name Annie E. Farrell  
15. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Allen Buddy  
(b) Address 3620 West St. Joseph Mo

17. (a) Burial (b) Date thereof Mar 6 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Arthur H. Dandurant  
(b) Address 1802 Union Str. St. Joseph, Mo.  
19. (a) 3/4/40 (b) A. J. Nestlebusch  
(Date received local registrar) (Registrar's signature)

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. 424 S. 9th  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 2nd  
year 1940 hour 3 minute 55A M.  
21. I hereby certify that I attended the deceased from Nov. 6  
1939 to March 2, 1940  
that I last saw her alive on March 2, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis Duration unknown  
Due to Carcinoma of Breast unknown  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 5 11

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none  
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? 85  
While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_  
23. Signature Justin H. Lee (M. D. or other) 1  
Address Robert Bldg. St. Joseph Mo Date signed 3/2/40

Corrected by affidavit May 23 1940  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

see affidavit # 266 in mine file

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**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 Albert C. Harrington

Licensed Embalmer No. 3258

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.**