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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10263

FILED APR 12 1940

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 344

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 Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No. Route #3
(If rural, give location)

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

3. (a) PRINT FULL NAME Alphonse Hesnault 254

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Emma Gadol Hesnault

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

7. Birth date of deceased September 8, 1856 (1856)
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 18 If less than one day ___ hr. ___ min.

9. Birthplace Nauvoo (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmer

FATHER
12. Name Martin Hesnault
13. Birthplace Alsace (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Aline Henry
15. Birthplace Unknown (City, town, or county) France (State or foreign country)

16. (a) Informant Louis Hesnault
(b) Address St. Joseph, Missouri, Route #3

17. (a) burial (Burial, cremation, or removal) (b) Date thereof March 28, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery
St. Joseph, Missouri

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon Street, St. Joseph, Mo

19. (a) 3/28/40 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1940 hour 6 minute 40 a. M.

21. I hereby certify that I attended the deceased from March 4, 1940, to March 26, 1940
that I last saw him alive on March 25, 1940, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart	
Disease c̄ Auricular	1 month
Fibrillation & Myocarditis	
Due to Arterio Sclerosis	
Due to Chr. Nephritis	6 mos.
Other conditions Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
85 none (Specify type of place)
While at work? (e) Means of injury

23. Signature J. G. Thompson (M. D. ~~or other~~)
Address 825 Charles Street, St. Joseph, Missouri Date signed 3/26/40

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W. H. Kelly,

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri

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.