

FILED APR 23 1940

S. No. 2
1-11-10-39
5-17-39
1 X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 10293
Registrar's No. 391Registration District No. 85Primary 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:
1418 S. 14th Street,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME James Danaher 5603. (b) If veteran, name war None 3. (c) Social Security No. 707-05-8314. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Auguste Danaher 6. (c) Age of husband or wife if alive 53 years7. Birth date of deceased December 27 1885
(Month) (Day) (Year)8. AGE: Years 54 Months 3 Days 7 If less than one day
hr. _____ min. _____9. Birthplace Jacksonville, Illinois
(City, town, or county) (State or foreign county)10. Usual occupation Engineer11. Industry or business C. B. & Q. R. R.12. Name John Danaher18. Birthplace Haverill, Mass.
(City, town, or county) (State or foreign county)14. Maiden name Catherine Meehan15. Birthplace Syracuse, New York
(City, town, or county) (State or foreign county)16. (a) Informant Mrs. James Danaher(b) Address 1418 S. 14th St.17. (a) Burial (b) Date thereof Apr. 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Olivet Cemetery18. (a) Signature of funeral director Arman W. S. Dufayade(b) Address 1802 Union Str. St. Joseph, Mo.19. (a) Apr. 27, 1940 (b) H. J. Nestlebeck
(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. 1418 S. 14th
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
year 1940 hour 3 minute 45 A. M.21. I hereby certify that I attended the deceased from Dec. 5 - 1939
19 _____ to March 31, 19 40.that I last saw her alive on March 31, 19 40;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cancer of Stomach "1/39.
PrimoryDue to 46

Due to _____

Other conditions Hemorrhage Stomach 7/39.
(Include pregnancy within 3 months of death)Major findings: ✓

Of operations _____

Of autopsy none

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 (Specify type of place) _____

While at _____ (e) Means of injury _____

28. Signature Dr. H. J. Nestlebeck (M. D. or other) _____Address Hempden 3rd Date signed 4/4/40

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

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 D. 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.