

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 85 Primary Registration District No. 1001 State File No. _____ Registrar's No. 442

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:
2709 Lovers Lane 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
In this community 13 years

3. (a) PRINT FULL NAME Mary Ellen Madden 350
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 Thomas J. Madden 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased October 27 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 19 If less than one day
hr. min.

9: Birthplace Waseca Minnesota
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business
12. Name Michael O'Brien
13. Birthplace Limerick Ireland 5
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Mulane
15. Birthplace Limerick Ireland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret G. Schaub
(b) Address 2709 Lovers Lane, St. Joseph, Mo.
17. (a) Removal (b) Date thereof Apr. 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Waseca, Minn.

18. (a) Signature of funeral director Norman W. Sidusack
(b) Address 1802 Union Str. St. Joseph, Mo.
19. (a) April 18 1940 (b) A. J. Quill
(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. 2709 Lovers Lane
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 16th
year 1940 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from Apr 14
1940 to Apr 16 1940;
that I last saw her alive on Apr 16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis
Duration ?

Due to _____

Due to _____

Other conditions Senility 72
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy no
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 (Specify type of place) While at work (a) Means of injury _____

23. Signature Frank [unclear] M. D. or other _____
Address Empalme 3rd Date signed 4/17/40

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 Robert P. Clarkson

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.