. No. 2
-4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27953

SEP 16 1940

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 849

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: 501 E. Louis 2 (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 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State O Mo. (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 501 E. Louis (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME MARIA HENRY 560
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 married
6. (b) Name of husband or wife Adolph Henry
6. (c) Age of husband or wife if alive 91 years
7. Birth date of deceased Jan. (Month) 30 (Day) 1859 (Year)
8. AGE: Years 81 Months 6 Days 2 If less than one day ____ hr. ____ min.
9. Birthplace unknown (City, town, or county) France 7 (State or foreign country)
10. Usual occupation housewife
11. Industry or business home
FATHER
12. Name Joseph Lee Collen
13. Birthplace unknown (City, town, or county) France 7 (State or foreign country)
MOTHER
14. Maiden name Marie Geane Conlouer
15. Birthplace unknown (City, town, or county) France 7 (State or foreign country)
16. (a) Informant Mrs. J.J.Fridell
(b) Address 1340 S.24th. St. Joseph, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 5th. 40 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK
18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address ST. JOSEPH, MO.
19. (a) Aug 7 1940 (Date received local registrar) (b) H J Rettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2 nd. year 1940 hour 11 minute 20 P. M.
21. I hereby certify that I attended the deceased from 6-5, 1940 to 8-2, 1940 that I last saw her alive on 8-2-, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	7 days
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

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? 85 (Specify type of place)
While at work? (e) Means of injury
23. Signature L C Bauman (M. D. or other)
Address Kirkpatrick Bldg Date signed 8-5-40 St Joseph Mo

(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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.