

0 2
12-40
7-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38185**
Registrar's No. **1219**

Registration District No. **85**

Primary Registration District No. **1001**

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:
624 N. 6th Street
(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) 50 years.

3. (a) PRINT FULL NAME Henry Francis Monahan

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 28, 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>9</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Novelty Salesman

11. Industry or business _____

12. Name Patrick Monahan 3

13. Birthplace Unknown Ireland 3
(City, town, or county) (State or foreign country)

14. Maiden name Rose Machan

15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Berth Yoest

(b) Address 624 N. 6th Str. St. Joseph, Mo.

17. (a) Burial (b) Date thereof NOV. 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery.

18. (a) Signature of funeral director H. O. Sidenfaden & Son

(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Nov 22 1940 (b) [Signature]
(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. 624 N. 6th Street
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20th
year 1940 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from Nov. 16
1940 to Nov. 20, 1940
that I last saw h. im. alive on Nov. 16, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Heart disease - Arteriosclerosis (P)

Due to Arteriosclerosis - general (P)

Due to _____
Other conditions (P)
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration
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 [Signature] (M. D. or other) None
Address 3018 85 Bldg - Date signed 11-22-40

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 R. Harrington*

Licensed Embalmer No. *7258*

P. O. Address..... *St. Joseph, Pa.*

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, fact should be so stated above.