o. 2
13-40
7-39
X23159

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. 38217

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1253

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: 1025 S.17th 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) 2
In this community 65 years.

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. 1025 S.17th Street (If rural, give location)
0
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Mary Katherine Ross
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 George E. Ross
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July (Month) 28 (Day) 1875 (Year)

8. AGE: Years 65 Months 4 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home 0
11. Industry or business 1
FATHER
12. Name Ferdinand Hanway 1
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 6
MOTHER
14. Maiden name Eva Muleski
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs. Bernard Dreesman
(b) Address 515 N.13th Str. St.Joseph, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.2,1940 (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) 12/2/40 (Date received local registrar) (b) H.J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th year 1940 hour 9 minute 30 P M.
21. I hereby certify that I attended the deceased from July 17, 1937, to Nov 29, 1940; that I last saw her alive on Nov 29, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocardial Insufficiency	unknown
Due to: Toxic adenoma Thyroid	"
Due to: ✓	
Other conditions (Include pregnancy within 3 months of death): ✓	
Major findings: Of operations: ✓	
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:
(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? ✓ (Specify type of place)
85
While at work? ✓ (e) Means of injury ✓

23. Signature Gustav Ahan (M. D. or other) MD
Address Kirk Bldg St Joseph Mo Date signed 11/30/40

(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 Elbert B. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, M

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

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