S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 10 1941

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 41832

Registrar's No. 1272

1. PLACE OF DEATH:
(a) County Buchanan,
(b) City or town Saint Joseph, 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
403 North 5th. Street,
(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 67 years,

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Buchanan,
(c) City or town Saint Joseph,
(If outside city or town limits write "RURAL")
(d) Street No. 403 North 5th. Street,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Edwina Senter,
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 Single,
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased November 2nd. 1859 (Month) (Day) (Year)
8. AGE: Years 81- Months 1- Days 2 If less than one day ____ hr. ____ min.
9. Birthplace Amazonia, (City, town, or county) Missouri, (State or foreign country) O
10. Usual occupation School Teacher, 1
11. Industry or business Public Schools,
MOTHER FATHER
12. Name Christopher Columbus Senter, 1
13. Birthplace Little Rock, (City, town, or county) Arkansas, (State or foreign country)
14. Maiden name Mary Ellen Snider,
15. Birthplace Cincinnati, (City, town, or county) Ohio, (State or foreign country)
16. (a) Informant Lulu E. Senter
(b) Address 403 North 5th. Street,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/40 (Month) (Day) (Year)
(c) Place: burial or cremation Belmont Cemetery,
18. (a) Signature of funeral director Preston Pace Bowman Funeral Home
(b) Address 319 So. 10th. Street,
19. (a) Dec 5 1940 (Date received local registrar) (b) H. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th. year 1940 hour 5:00 minute 40 a.m.
21. I hereby certify that I attended the deceased from November 13, 1940 to Dec 3, 1940; that I last saw her alive on Dec 3, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart disease - arteriosclerotic	3
Due to: Arteriosclerotic Gen-	—
Due to: Nephr. Chr.	1
Other conditions (Include pregnancy within 3 months of death): Senility —	
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
While at work (Specify type of place) (e) Means of injury
23. Signature Frank L. Vandeyeu (M. D. or other) 1
Address Krug Palace St. JOSEPH Date signed 12/11/40

(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 12-4-40

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3007

P.O. Address 319 So. 10th 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.