

No. 2
4-13-40
4-17-39
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DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

13941

Registration District No. 85 Primary Registration District No. 1001 State File No. _____ Registrar's No. 417

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:
1407 Sacramento Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 77 years. (Specify whether years, months or days)

3. (a) PRINT FULLNAME Anna E. Eddins
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 Albert Eddins 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 6 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>10</u>	<u>7</u>	hr. _____ min.

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name Patrick Tymon
13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Anna Sharkey
15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cecelia Snead
(b) Address 1407 Sacramento St. Joseph, Mo.

17. (a) Burial (b) Date thereof Apr. 15, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Herman J. Didenfader
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) April 14, 1941 (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. 1407 Sacramento Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 13th
year 1941 hour 9 minute 25 A. M.

21. I hereby certify that I attended the deceased from April 1 1941 to April 10 1941
that I last saw him alive on April 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio insufficiency

Due to unknown

Due to [Signature]

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

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? _____ (Specify means of injury) _____

23. Signature [Signature] (M. D. or other) [Signature]
Address 2802 [Address] Date signed [Date]

Duration
Physician
Underline the cause to which death should be charged statistically.

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.....

Albert R. Harrington

Licensed Embalmer No..... *3258*

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, fact should be so stated above.