S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1941 85

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 24532

Registrar's No. D

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

11
1
7

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: 1602 N. 3rd St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 70 years. 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 011

(a) State Missouri (b) County Buchanan 1

(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")

(d) Street No. 1602 N.3rd St/
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lena Virgin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Joseph Virgin

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

7. Birth date of deceased Febr. (Month) 19 (Day) 1869 (Year)

8. AGE: Years 72 | Months 4 | Days 20 | If less than one day hr. min.

9. Birthplace Rulo (City, town, or county) Nebr. 1 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Alexander Grazier
13. Birthplace St.Charles (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Susan Berdau
15. Birthplace St. Charles (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Col.A. Greer

(b) Address 1602 N.3rdSt. St.Joseph,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11,1941 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Herman W. Schenfader

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

19. (a) 7-10-41 (Date received local registrar) (b) H J Nestlehuth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th year 1941 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 31, 1941 to June 20, 1941; that I last saw her alive on June 20, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Stomach	1/31/41
Due to —	
Due to —	
Other conditions Anaemia Second (Include pregnancy within 3 months of death)	5/41

466

Major findings:
Of operations None
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)

While at work? (e) Means of injury

23. Signature Frank L. Hanlinger (M.D. or other) M.D.

Address Kempster Bldg Date signed 7/10/41

00 (Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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, Me

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

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