

JAN 13 1941 **85**

Primary Registration District No. **1001**

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1904 North 3rd Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 25 years
years, months or days

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. 1904 North 3rd Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINTED FULL NAME Laurel I. Hadden
 (b) If veteran, name war
 (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December Day 10
 year 1941 hour 8 minute 40 A.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Harry V. Hadden
 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased May 21, 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 22
1941 to December 10, 1941
 that I last saw him alive on December 8, 1941
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>6</u>	<u>19</u>	_____ hr. _____ min.

Immediate cause of death Carcinoma of Left Breast
From History obtained 6 mo-10 day
 Due to no facts
Deced was in nature
 Due to old Sarcoma of
Sarcoma MO for March May 30/41

9. Birthplace Troy Kansas
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Marvin Victor Duncan
 13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Mary E. Hale
 15. Birthplace Troy Kansas
(City, town, or county) (State or foreign country)

Major findings: _____
 Of operations 50
 Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

16. (a) Informant Harry V. Hadden
 (b) Address 1904 No. 3rd Street

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof Dec. 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

(c) Place: burial or cremation Mount Olivet Cemetery

(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? _____

18. (a) Signature of funeral director Mollie Sidenfaden
 (b) Address 602 South 10th Street

(Specify type of place) _____
 While at work? _____ (b) Means of injury _____

19. (a) Dec 11, 1941 (b) D.V.G. Nestlebaum
(Date received local registrar) (Registrar's signature)

23. Signature D. J. L. Wisner (M. D. or other) M.D.
 Address 1097 1/2 8th St. Springfield MO Date signed December 11/41

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

Dr. J. F. Wisser
109 1/2 So 8th St

C. B. Sidenfaden
2-8 446

MAR 8 1949

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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 *Mollie E. Sidenfaden*

Licensed Embalmer No. *4235*

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.