

FILED APR 23 1942 85

Registration District No. \_\_\_\_\_

Primary Registration District No. 1001

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: 815 N.10th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None /  
In this community 30 years. (Specify whether years, months or days)

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. 815 N.10th St.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Helen T. Milette

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 Married

6. (b) Name of husband or wife John W. Milette 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 20, 1868  
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name David Hassett

13. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret McGuire

15. Birthplace Unknown Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant John W. Milette

(b) Address 815 N.10th St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Apr. 17, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Heruan W. DeLafayette

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

19. (a) 4-16-42 (b) Rose Henry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th  
year 1942 hour 7 minutes 10 P. M.

21. I hereby certify that I attended the deceased from April 14  
1942 to April 14, 1942  
that I last saw her alive on April 14, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 day  
Due to arteriosclerosis

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 9/4a PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature John J. Jones (M. D. or other) MD  
Address The Grand Mrs Date signed Apr 15

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

MOTHER FATHER

JUN 24 1948

OCT 17 1944

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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.....

*Robert C. 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.