13801

S. No. 2
M—9-4-41
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 87

Primary Registration District No. 1001

Registrar's No. 430

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

**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: 2514 So. 15 th. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 7 years
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. 2514 So. L5th 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Pearl Addie Haneline

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leroy H. Haneline

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 2 (Month) 28 (Day) 1885 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 57 | 1 | 26 | hr. min. |

9. Birthplace Ashtabula (City, town, or county) / Ohio (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Thomas
13. Birthplace Unknown (City, town, or county) / Ohio (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) / Unknown (State or foreign country)

16. (a) Informant Leroy H. Haneline
(b) Address 2514 So. 15 th. St Joseph

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4 / 25 / 42 (Month) (Day) (Year)
(c) Place: burial or cremation Fort Wayne, Indiana

18. (a) Signature of funeral director Heaton BeGole & Bowman
(b) Address 319 So. Loth St Joseph, Mo.

19. (a) 4-25-42 (Date received local registrar) (b) Rose Hergoz (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 4 day 24
year 1942 hour 5 minute 27 P.M.

21. I hereby certify that I attended the deceased from February 18, 1942 to April 24, 1942;
that I last saw her alive on April 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis (By history - duration 2 yrs. or less) 2 yrs.?

~~Due to~~ Far advanced involvement

~~Due to~~ of both lungs.

Other conditions Malnutrition 13 b
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation

Of autopsy no autopsy

Duration

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 C. S. Grant M.D. (M. D. or other) M.D.

Address St. Joseph, Mo. Date signed 4-25-42

1255

(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 4-24-4

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

working under my personal supervision.

Signed: Wm E. Dummerfield

Licensed Embalmer No.: 3007

P. O. Address: 3195 010 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.**