

Registration District No. 85

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:
1803 Mitchell Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 42 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. 1803 Mitchell Avenue
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Susan Margaret Henry

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, Divorced widowed
(b) Name of husband or wife John W. Henry 6. (c) Age of husband or wife if alive 9 years 1865
7. Birth date of deceased January 9 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 0 If less than one day hr. min.

9. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business

12. Name Alexander Mills
13. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mamie B. Page
(b) Address 1803 Mitchell Ave., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 6-11-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hamilton, Missouri.

18. (a) Signature of funeral director Statter Meierhoffer
(b) Address 13th. & Farson St., St. Joseph, Mo.

19. (a) 6-10-42 (b) Rose Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th.
year 1942 hour 5 minute 50 P.A.M.

21. I hereby certify that I attended the deceased from Oct. 1942
to June 9 1942
that I last saw her alive on June 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Arterios Sclerosis Duration 5 yrs

Due to

Due to

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

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?

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

23. Signature Gordon DeWright (M. D. or other) MD
Address 845 La 19th St. Joe. Mo Date signed 6/16/42

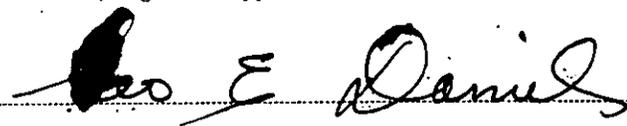
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1233

845 50 19 700

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 

Licensed Embalmer No. 3300 Missouri.

P. O. Address St. Joseph, Missouri.

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.