V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40236

Registration District No. 42 | Primary Registration District No. 1002 | Registrar's No. 1226

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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: 1316 Main Street. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 40 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 604 Pendleton St. 7
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Katherine Ann Dolan

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

6. (b) Name of husband or wife James P. Dolan

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

7. Birth date of deceased May (Month) 27 (Day) 1864 (Year)

8. AGE: Years 78 | Months 6 | Days 26 | If less than one day hr. min.

9. Birthplace Quincy (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Philip Hand
13. Birthplace Quincy (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 0 (State or foreign country) 1

16. (a) Informant Mrs. D. C. Pursel
(b) Address 1316 Main St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Mueller
(b) Address 1802 Union St., St. Joseph, Mo.

19. (a) 12-26-42 (Date received local registrar) (b) Rose Hesse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23rd year 1942 hour 3 minute 00 A.M.

21. I hereby certify that I attended the deceased from 8-24-42, 19..., to 12-22-, 19 42 that I last saw her alive on 9-24-, 19 42 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tortuous pain from absorption of gangrene	weeks
Due to: Gangrene Rt foot	several weeks
Due to: Arteriosclerosis	several mo
Other conditions (Include pregnancy within 3 months of death): Gangrene due to Arteriosclerosis	

Major findings:
Of operations
Of autopsy No

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 M. E. Grimes (M. D. or other)
Address St. Joseph, Mo. Date signed 12-23-42

1203

(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.....

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

working under my personal supervision.

Signed Albert R. 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.