

FILED JUN 7 1944
Registration District No. 1944

Primary Registration District No. 1000

State File No. _____

Registrar's No. 568

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:
2606 Felix St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 60 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mary Louella Henley

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 widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 13 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 5 15 hr. min.

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

10. Usual occupation housewife

11. Industry or business home

12. Name Asa Van Fossen

13. Birthplace Ohio
(State or foreign country)

14. Maiden name Addie Johnson

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

16. (a) Informant Mrs J. L. O'Connell

(b) Address 2606 Felix St, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 5-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director: Barry Funeral Home

(b) Address 224 South 10th St, St. Joseph, Mo.

19. (a) 5/31/44 (b) Nelson H. Riehl
(Date received local registrar) (Registrar's signature)

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. 2606 Felix St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 28
year 1944 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 28 1944 to May 28 1944
that I last saw h. alive on May 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thromb. Duration 1 hr.
Due to arteriosclerosis gen.

Due to _____

Other conditions 9/4a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 Nelson H. Riehl (M. D. or other) _____

Address 620 Prairie Date signed 5/29/44

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

1377

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.