. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26865

FILED SEP 12 1945

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 930

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: 913 Ridenbaugh St. 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. 913 Ridenbaugh St. 7
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Alice Hamlet

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 Married 1

6. (b) Name of husband or wife Lynn

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April (Month) 27 (Day) 1893 (Year)

8. AGE: Years 52 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Lawrence (City, town, or county) Kansas. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name John C. Dolan
13. Birthplace Unknown (City, town, or county) Virginia 1 (State or foreign country)

MOTHER
14. Maiden name Susan Skinner
15. Birthplace Lawrence (City, town, or county) Kansas. 1 (State or foreign country)

16. (a) Informant Mr. Lynn Hamlet
(b) Address 913 Ridenbaugh St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 3, 45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Newman & Schubert
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Sept. 3, 1945 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1945 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 23, 1940 to Aug 31, 1945 that I last saw her alive on Aug 31, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cancer of the bladder — 2 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 John [illegible] (M. D. or other) M.D.
Address St. Joseph Mo. Date signed 9-1-45

1428

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 - 1948

APR 30 1945

SEP 20 1945

OCT 24 1945

MAR 4 1946

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~~ Elmer Thomas; Registered Apprentice No. ....., working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

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.