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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2127

State File No.

Registrar's No.

97

FILED FEB 11 1948

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
1820 Ashland Avenue,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
In this community 54 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 1820 Ashland Avenue
(e) Citizen of foreign country? No
If yes, name country.

3. (a) PRINT FULL NAME Anna H. Hesse

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 Married
6. (b) Name of husband or wife John Hesse
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased February 13 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 11 hr. min.

9. Birthplace Philadelphia Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name A. H. Truckenmiller
13. Birthplace Unknown Unknown
14. Maiden name Mena Cody
15. Birthplace Madrid Spain
(City, town, or county) (State or foreign country)

16. (a) Informant John Hesse
(b) Address 1820 Ashland Ave., St. Joseph, Missouri

17. (a) Burial (b) Date thereof 1/26/ 1946
(c) Place: burial or cremation Memorial Park Cemetery
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon St. St. Joseph, Missouri

19. (a) Jan. 26, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th.
year 1946 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan - 1946 to Jan 24 1946
that I last saw her alive on Jan 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Rectum
Duration 1 yr

Due to
Due to

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
PHYSICIAN

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?
(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 [Signature] (M. D. or other)
Address [Address] Date signed [Date]

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

MOTHER FATHER

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 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.