. S. No. 2
DM—8-13
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22799

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 806

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: 2720 Duncan Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Not (Specify whether years, months or days)
In this community: 1 Month

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.: 2720 Duncan Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Martin Senne

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Minnie Serne

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

7. Birth date of deceased: January (Month) 8 (Day) 1873 (Year)

8. AGE: Years 73 | Months 6 | Days 7 | If less than one day: hr. min.

9. Birthplace: Alma (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Lutheran Minister

11. Industry or business:

FATHER
12. Name: H. C. Senne
13. Birthplace: Saxony (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Long Island (City, town, or county) New York (State or foreign country)

16. (a) Informant: Mrs. H. C. Senne
(b) Address: 2720 Duncan, St. Joseph, Missouri.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7/ 18/ 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Atchison, Kansas

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

19. (a) July 19, 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th. year 1946 hour 11 minute 05 A.M.

21. I hereby certify that I attended the deceased from July 15, 1946 to July 15, 1946 that I last saw him alive on July 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Tuberculosis
Due to: Carcinoma of larynx
Due to:
Other conditions: —
(Include pregnancy within 3 months of death)

Major findings: Biopsy of larynx revealed Malignancy
Of operations:
Of autopsy: —

Duration

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

22. If death was due to external causes, fill in the following:
(c) 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: Maxwell Day (M. D. ~~or other~~)
Address: 218 N 7th St. Joseph, Mo. Date signed: 7-16-46

3K (Licensed Embalmer's Statement on Reverse Side)

AUG 8 1947

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.