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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 16 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 298

Primary Registration District No. 1000

Registrar's No. 161

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: Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)

In this community: Life

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.: 2815 Renick Street
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Ethel Virginia Senor

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

3. (c) Social Security No.: 487-09-1005

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: September (Month) 20 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	4	14	hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Stenographer

11. Industry or business: Armour & Co.

FATHER
12. Name: Samuel D. Senor
13. Birthplace: Boonville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Priscilla Willard
15. Birthplace: Elizabethtown (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Dr. S. D. Senor
(b) Address: St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Mora Cemetery

18. (a) Signature of funeral director: Keator-Bowman
(b) Address: St. Joseph, Mo.

19. (a) 2-10-48 (Date received local registrar) (b) E. E. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: February day: 4 year: 1948 hour: 1 minute: 15 A.M.

21. I hereby certify that I attended the deceased from Feb 3, 1948 to Feb-4, 1948 that I last saw her alive on Feb-3-48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acidosis (Diabetes)	
Due to: Diabetes Mellitus	
Due to:	
Other conditions: Circulatory failure (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 1
Of autopsy: 0

PHYSICIAN — Underline the cause of 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: T. R. Howden (M. D. or other) M.D.
Address: 620 Francis St Date signed: 2-4-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

APR 27 1949

SEP 27 1948

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 William Spalding, Registered Apprentice No. 28, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3195 10th 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.