

NOV 10 1940

31487

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 1051

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

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:
1105 Henry St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None 3
(Specify whether years, months or days)
 In this community 68 years

3. (a) PRINT FULL NAME Anne A. Deniher
 (b) If veteran, name war None
 (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Michael Deniher
 (c) Age of husband or wife if alive years
 7. Birth date of deceased November 1 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>10</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Sylvia Aubuchon

(b) Address 1105 Henry Str. St. Joseph, Mo

17. (a) Burial (b) Date thereof Oct. 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director H.O. Sidenfaden & Son

(b) Address 1802 Union Str. St. Joseph, Mo

19. (a) 10/1/40 (b) RD Dextelebush
(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. 2222 S. 14th St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 68 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30th
 year 1940 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 5, 1940, to Sept 24, 1940
 that I last saw her alive on Sept 24, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Insufficiency 6 mos.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 92 P

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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 Wm Redwood (M. D. or other) _____
 Address St. Joseph Mo Date signed 9-30-40

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

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: