V. S. No. 2
10M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1942

Registration District No. 83

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

20754

State File No. 239

Registrar's No. 583

11
1
7

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2809 St. Joseph Ave 4, Nursing Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Six months (Specify whether

In this community Sixty-two years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town Saint Joseph (If outside city or town limits, write "RURAL") 7

(d) Street No. 2809 St. Joseph Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Dora B. Waidner

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife Frank Waidner

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

7. Birth date of deceased September (Month) 4 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	9	5	hr. min.

9. Birthplace Cedarville, (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Edwin Hollewell
13. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Margaret Abigal Spinning
15. Birthplace Cedarville, (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Maude Davis

(b) Address 2809 St. Joseph Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation King Hill Cemetery

18. (a) Signature of funeral director Mrs E. R. Sidenfaden F. Home

(b) Address 602 South 10th Street

19. (a) 6-10-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1942 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from January, 1942, to June 9, 1942, that I last saw her alive on June 8, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of cervix	1935
Due to: Carcinoma left inguinal glands - metastatic	1941
Due to	
Other conditions: Carcinomatosis (Include pregnancy within 3 months of death)	1942

Major findings:
Of operations
Of autopsy

480

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 0

23. Signature S. P. Serron, MD (M. D. or other)

Address St. Joseph Mo Date signed 6-10-42

1233 (Licensed Embalmer's Statement on Reverse Side)

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 myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Mollie E. Sidenfaden

Licensed Embalmer No. 4235

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.