

FILED OCT 13 1942

Registration District No. 42

Primary Registration District No. 1800

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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:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community Lifetime

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. 601 1/2 S. 11th Street,
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Catherine Virginia Sheridan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced. <u>Single</u>
6. (b) Name of husband or wife _____		6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased <u>March</u> (Month)		<u>28</u> (Day) <u>1896</u> (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>5</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation School Teacher

11. Industry or business Public Schools

12. Name Michael J. Sheridan

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

14. Maiden name Mary E. Warren

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

16. (a) Informant Miss. Lucile Sheridan

(b) Address 601 1/2 S. 11th St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Sept. 29, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Herwald E. Sheridan

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

19. (a) 9-29-42 (b) Rose Hayes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 27th
year 1942 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from June 1941 to Sept 26 1942
that I last saw her alive on Sept 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Met. Carcinoma of right breast (recd)
Dr. Carcinoma right breast 1931

Due to _____

Due to _____

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

Major findings: Of operations 50

Of autopsy _____

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? _____

While at work (Specify type of place) _____ (e) Means of injury _____

23. Signature Rose Hayes (M. D. or other) _____
Address 620 Monroe Date signed 9/28/42

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 P. 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.