S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29870

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 894

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

(c) Name of hospital or institution:
835 East Lake Blvd. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Five years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11 1

(c) City or town Saint Joseph 2
(If outside city or town limits, write "RURAL")

(d) Street No. 835 East Lake Blvd.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Jennie Townsend

3. (b) If veteran, name war .....

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widow 2

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

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

7. Birth date of deceased October (Month) 16. (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	10	30	..... hr. ..... min.

9. Birthplace Troy (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Joseph Kent
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 7

MOTHER
14. Maiden name Emma Richardson
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 7

16. (a) Informant Mrs. Edw. E. Weight

(b) Address 835 East Lake Blvd.

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

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Mrs. E.R. Biderfeden Fr. Home

(b) Address 602 South 10th Street

19. (a) 9-16-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15th
year 1942 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10 AM Sept-15, 1942, to 4:30 PM Sept-15, 1942
that I last saw her alive on Sept 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Failure
Arterio Sclerotic Heart Disease.

Due to Arterio sclerosis

Due to .....

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

97

Major findings:
Of operations .....

Of autopsy None

Duration

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 .....

23. Signature T. R. Howden (M. D. or other) M.D.

Address 620 Francis St. Date signed 9-16-42

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.....

....., 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.