V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1942

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36689

Primary Registration District No. 1000

Registrar's No. 1129

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 Avenue Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)
In this community: Twenty-five years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: Saint Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 2809 St. Joseph Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Mrs. Della Foley
3. (b) If veteran, name war:
3. (c) Social Security No.: NONE
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October (Month) 23. (Day) 1878 (Year)
8. AGE: Years 64 Months 7 Days 3 If less than one day hr. min.
9. Birthplace: Wythenville. (City, town, or county) Virginia (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Unknown. Umberger
FATHER 13. Birthplace: Unknown. (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name: Unknown Unknown
MOTHER 15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mrs. H. A. Pearce
(b) Address: 2612 Olive Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 30. 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: Mr. E. R. Sidenfaden
(b) Address: 602 South 10th Street
19. (a) 11/27/42 (Date received local registrar) (b) Rose Hugos (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 26 day year 1942 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from Oct 10, 1942 to Nov 25, 1942 that I last saw him alive on Nov 25, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of Gall Bladder	7 m
Due to: Hypertension Heart	8 yrs
Due to: Melancholia	2 yrs
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations —
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Charles H. Werner, M. D. 11-27-42
Address: 221 Kirkpatrick Bldg. Date signed: 11-27-42

1232 (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 (Fox)

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.