

U. S. No. 2  
OM-5-42  
Rev. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40312

State File No. \_\_\_\_\_

FILED DEC 30 1942  
Registration District No. 42

Primary Registration District No. 1002

Registrar's No. 1215

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: Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 76 years  
(Specify whether years, months or days)

In this community 76 years

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. R. F. D. #5  
(If rural give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Rose Whalen

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced, widow

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

7. Birth date of deceased August 15, 1866  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15  
year 1942 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Dec. 13 1942 to Dec. 15 1942  
that I last saw her alive on Dec 14 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 4 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Lobar pneumonia Duration 5 days

Due to Hypertensive cardio-vascular disease

Due to \_\_\_\_\_

Other conditions Obesity 108  
(Include pregnancy within 3 months of death)

9. Birthplace Plattsburg, Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business Edward Lckenna

12. Name \_\_\_\_\_

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Major findings: none

Of operations \_\_\_\_\_

Of autopsy none

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. L. J. Ennis

(b) Address R. F. D. #5

17. (a) Burial (b) Date thereof 12-17-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Olivet Cemetery

18. (a) Signature of funeral director Tracy Barry Funeral

(b) Address 218 South 10th St

19. (a) 12-17-42 (b) Rose Heigoy  
(Date received local registrar) (Registrar's signature)

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?

Home \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Ed Grant MD (M. D. or other) \_\_\_\_\_  
Address St. Joseph, Mo. Date signed 12-16-42

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

11  
1  
7

JAN 19 1943

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**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.....

*Victor J. Barry*

Licensed Embalmer No.....

*4212*

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.**