No. 2
-5-42
-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10416

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 273

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. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 7 Months.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town Easton Missouri. 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Sister Mary Benita.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single. O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 24 (Day) 1868 (Year)

8. AGE: Years 75 Months 11 Days 22 If less than one day hr. min.

9. Birthplace Unknown. (City, town, or county) Ireland. (State or foreign country) 4
10. Usual occupation Teacher.
11. Industry or business St. Franciscan Order.
MOTHER FATHER
12. Name Unknown.
13. Birthplace Unknown. (City, town, or county) Unknown. (State or foreign country) 9
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) Unknown. (State or foreign country) 9
16. (a) Informant Sister Mary Ancilla.
(b) Address Easton Missouri.
17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof Mar 16 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Clinton, Iowa.
18. (a) Signature of funeral director Herman W. Siderfaden
(b) Address 1802 Union St. St. Joseph Mo.
19. (a) 3-16-44 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 16 year 1944 hour 3:50 minute P M.
21. I hereby certify that I attended the deceased from Mar. 11, 1944 to March 16, 1944 that I last saw her alive on March 16, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration
Due to arteriosclerosis Hardening
Due to
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 T. Porter M.D. (M. D. or other)
Address St. Joseph Mo. Date signed 3/26/44

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 Herman Wm Siderfaden

Licensed Embalmer No. 2728

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.