

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39769
 Do not use this space.

DEC 15 1939

1. PLACE OF DEATH 2

(a) County Henry Registration District No. 347

(b) Township White Oak Primary Registration District No. 5495

(c) or City _____ (d) Street No. _____ Registered No. _____

(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME S40 Susan Frances Daniel

(a) Residence, No. Near Urich St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF F. C. Daniel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. min.
	72	8	29	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Mulberry Grove
 (STATE OR COUNTRY) Ill

13. NAME Williman Cheeseman

14. BIRTHPLACE (CITY OR TOWN) not known
 (STATE OR COUNTRY) _____

15. MAIDEN NAME Susan Elm

16. BIRTHPLACE (CITY OR TOWN) Mulberry Grove
 (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Fella Daniel
Urich, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Urich Cem DATE 11-3-39

19. FUNERAL DIRECTOR (NAME) O. L. Cook
 (ADDRESS) Chilhowee, Mo

20. FILED 11-27 1939 J. R. Sampson
 Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1-1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24th, 1939, to Nov. 1st, 1939

I last saw her alive on Nov. 1st, 1939. Death is said to have occurred on the date stated above, at 11. A. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Liver.

Date of onset _____

Other contributory causes of importance: Y

Name of operation _____ Date of _____

What test confirmed diagnosis? him Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. W. Gulbreath M. D.
 (Address) Urich Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 12-39-16

Date Filed 12-12-39

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.....

O. P. Cook

Licensed Embalmer No. 2708

P. O. Address Chilhowee, 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, above space should be left blank.