

S. No. 2  
-11-10-39  
v. 5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED OCT 27 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35420

Registration District No. 504

Primary Registration District No. 4307

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Purdin  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Purdin  
(d) Street No.  
(e) If foreign born, how long in U. S. A. years

3. (a) PRINT FULL NAME Susie E. Fuller

3. (b) If veteran, name war XXXX  
3. (c) Social Security No. XXXX

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased March 13, 1875  
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 21  
If less than one day hr. min.

9. Birthplace Browning Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business XXXXXX

12. Name Hiram White  
13. Birthplace XXXXXXXXXXXX Canada  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Seale  
15. Birthplace XXXXXXXXXXXX Canada  
(City, town, or county) (State or foreign country)

16. (a) Informant H. L. Fuller  
(b) Address Purdin, Missouri

17. (a) Burial (b) Date thereof 9/6/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Purdin Cemetery

18. (a) Signature of funeral director Home Undertaking Co.  
(b) Address Linneus, Missouri

19. (a) 9-29-41 (b) H. C. Dryden  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 4th  
year 1941 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from May 1, 1938, to September 4, 1941, that I last saw him alive on September 4, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Chronic Arterial Hypertension  
Due to Thyrotaricosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy  
PHYSICIAN

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?

23. Signature Gullett H. Thayer (M. D. or other)  
Address Purdin, Missouri Date signed 9/6

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

58  
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058

8

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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

*Darr A. Taylor*

Licensed Embalmer No.

*3761*

P. O. Address

*Linneus, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**