

S. No. 2
4-1-441
7-5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED APR 14 1942

STANDARD CERTIFICATE OF DEATH

State File No. 10462

Registration District No. 135

Primary Registration District No. 40785196

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Wichita-mo Egypt
(If outside city or town limits, write "RURAL" and name of township)
(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 Thirty six years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Northborne
(If outside city or town limits, write "RURAL")
(d) Street No. 207 E. 4th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1942 hour 8:00 minute 35 P.M.
21. I hereby certify that I attended the deceased from July 3,
1940, to March 21, 19 42
that I last saw her alive on March 22, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration _____

Due to Arteriosclerosis
Hypertension
Due to Myocarditis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ralph Z. Husbell (M. D. certifier)
Address 211 South P. Ave, Northborne, Mo Date signed 3-24-42

3. (a) PRINT FULL NAME Susan George
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color Black 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 24 1955
(Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation House work

11. Industry or business at home

12. Name Charles Hulth

13. Birthplace Ray County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Martha Beckwith

15. Birthplace Ray County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Stanley Ford

(b) Address 6121 Wash Chaswell

17. (a) Burial (b) Date thereof 3-25-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stemple Cemetery

18. (a) Signature of funeral director John S Deitch

(b) Address Northborne Mo

19. (a) 3-24-1942 (b) John S Deitch Dep
(Date received local registrar) (Registrar's signature)

153 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

File Number.....

DEED FILED 4-13-42

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed John S. Ditch

Licensed Embalmer No. 3654

P. O. Address Nashbone 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.