

FILED NOV 6 1942

Registration District No. 57

Primary Registration District No. 4085

Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Hale
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home of Chas Wiliford, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week.
(Specify whether
In this community years,
years, months or days)

3. (a) PRINT FULL NAME Lydia B. Suddith

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

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife James H. Suddith Dec. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 15th 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 2 20 hr. _____ min.

9. Birthplace Fleming CO. Kentucky, /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife,

11. Industry or business _____

12. Name dont know

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

14. Maiden name Dont know,

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

16. (a) Informant Stella Williford, Hale, Mo.

(b) Address Hale, Mo.

17. (a) Coloma, Burial (b) Date thereof 10/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coloma,

18. (a) Signature of funeral director Clifford W. Aust

(b) Address Tina, Mo.

19. (a) Oct. 7 1942 (b) Mrs Edger Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Carroll
(c) City or town Hale,
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th
year 1942. hour 11:30 minute A.M.

21. I hereby certify that I attended the deceased from June 23
1942 to Oct 5, 1942
that I last saw her alive on Oct 4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic heart disease yrs Duration _____

Due to _____

Due to _____

Other conditions 930
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature Dr. Alvin C. Webb (M. D. or other) DO.

*Address Hale, Mo Date signed 10-7-42

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-5-42

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Clifford W. Austin

Licensed Embalmer No. #3233.

P. O. Address Tina, 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.