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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15633

FILED MAY 4 1943

Registration District No. 326

Primary Registration District No. 6-1064493

Registrar's No. 11

99
0
0

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

1. PLACE OF DEATH:

(a) County ~~Rutl~~ Scotland

(b) City or town Rutledge
(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 — (Specify whether
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scotland 99 0

(c) City or town Rutledge 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country — 0

3. (a) PRINT FULL NAME Mildred Minerva Suter

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

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Will Suter 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 12 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	11	12	12 hr. min.

9. Birthplace Memphis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Squire P. Childers
13. Birthplace Mt Sterling (City, town, or county) Ill. 1 (State or foreign country)

MOTHER
14. Maiden name Nancy Minerva Gunn
15. Birthplace Memphis (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Ralph Suter
(b) Address Rutledge Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/43 (Month) (Day) (Year)
(c) Place: burial or cremation Memphis

18. (a) Signature of funeral director Bailey Fund Co
(b) Address Rutledge Mo

19. (a) 4/6/1943 (Date received local registrar) (b) Bernice Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st year 1943 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from Sep. 1st 1940, to Mar. 30 1943 that I last saw her alive on Mar 30 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Throat and Trachea	1 yr
Due to	
Due to	
Other conditions Nephritis & High B.P. (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

45 f

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 E. E. Symmonds (M. D. or other) DO
Address Memphis Mo Date signed Mar 31 1943

1013

(Licensed Embalmer's Statement on Reverse Side)

MAY 4

RECEIVED
District Health Officer No. 10
District File Number 5-43-776
MAY 3 1943
Date Filed

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 Albert C. Gerth, Registered ~~Apprentice~~ No. 4257 working under my personal supervision.

Signed J. Bailey Funeral Co

Licensed Embalmer No. 3145

P. O. Address Rutledge

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.