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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

Filed FEB 9 1944
 Registration District No. 122

Primary Registration District No. 1000

Registrar's No. 66

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
920 Felix Street, /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 4 years,
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 920 Felix
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME SVENDEN
SUSIE ANGES (SWEDNSDEN)
 (b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 16
 year 1944 hour 3 minute 15A. M.

4. Sex female / 5. Color or race white
 6. (a) Single, widowed, married, divorced widow
 (b) Name of husband or wife S. Chris Svenden 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Unknown,
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Dec 1, 1943 to Jan 16, 1944
 that I last saw her alive on Jan 15, 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years About 32 Months _____ Days _____ If less than one day
 hr. _____ min. _____

Immediate cause of death: Diabetes Mellitus Duration 2 yrs

9. Birthplace: Unknown, (City, town, or county) (State or foreign country) 7

Due to Complicated with Chronic Pancreatitis & nephritis

10. Usual occupation Fortune Teller

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

11. Industry or business Self,

Major findings: 61

12. Name Unknown;
 13. Birthplace Unknown, (City, town, or county) (State or foreign country) 7

Of operations _____
 Of autopsy _____

14. Maiden name Unknown,
 15. Birthplace Unknown, (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. W. A. Kelley
 (b) Address 10th. & Felix Streets,
burial (b) Date thereof 1/25/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs, Mo.

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)

18. (a) Signature of funeral director Detle & Bowman
 (b) Address 319 South 10th
 19. (a) 1/20/44 (b) Rose Hennig
 (Date received local registrar) (Registrar's signature)

While at work? _____ (e) Means of injury _____
 23. Signature J. P. Elliott (M. D. or other) MD
 Address 800 1/2 Francis Date signed 1-19-44
St Joseph Mo

Dr. John R. Elliott
801 1/2 Francis

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 Elmer Thowor
Licensed Embalmer No. 2640
P. O. Address St Joseph 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.