V. S. No. 2
100M—5-43
Rev. 5-17-39
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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. 33622

Registration District No. FILED NOV 3 1944 Primary Registration District No. 5101 Registrar's No. 40

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

1. PLACE OF DEATH:
(a) County Benton
(b) City or town Alexander Twp. (Rural)
(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 years, months or days)
In this community Lifetime /

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton
(c) City or town (Rural) Warsaw
(If outside city or town limits, write "RURAL")
(d) Street No. near Wisdom Alexander Prop
(If rural, give location)
(e) Citizen of foreign country?) (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ida Emma Jane Suiter
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James William Suiter
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Nov. (Month) 8 (Day) 1880 (Year)

8. AGE: Years 63 Months 11 Days 0 If less than one day hr. min.

9. Birthplace Benton County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER 12. Name W. R. Scott
13. Birthplace (City, town, or county) Ky. (State or foreign country)
MOTHER 14. Maiden name Temperance Z. Wisdom
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant J. W. Suiter
(b) Address Wisdom Star Rt. Warsaw, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 9, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Iconium Cemetery
18. (a) Signature of funeral director White-Reser
(b) Address Warsaw, Mo.
19. (a) 10/24/44 (Date received local registrar) (b) Jas. A. Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8 year 1944 hour 9 minute 20 A.M.
21. I hereby certify that I attended the deceased from Jan 8 1944 to Oct 7 1944 that I last saw him alive on Oct 7 1944 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Mitral Stenosis and Chronic Nephritis
Due to
Due to 131 lb
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 W. L. Hunt (M. D. or other)
Address Warsaw, Mo. Date signed 10/9/44

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Dis[illegible] Officer No. 7,
Di[illegible] number 10-44-1195
Date Filed 11-3-44

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.

(Not Embalmed)

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.