

U. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33769**

FILED NOV 2 1944

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1063**

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:  
**Missouri Methodist Hospital** **0**  
(If not in hospital or institution, write street number or location)  
**7 days**

(d) Length of stay: In hospital or institution **33 years** (Specify whether years, months or days)

In this community **33 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** **11**

(c) City or town **St. Joseph** **1**  
(If outside city or town limits, write "RURAL")

(d) Street No. **5210 King Hill Ave.** **7**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Charles C. Suddith**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Nov. 24, 1856**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>88</b>	<b>10</b>	<b>18</b>	hr. _____ min. _____

9. Birthplace **Unknown** **Virginia**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Unknown**

13. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ila Mae Griffith**  
(b) Address **5210 King Hill Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct. 14, 1944**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Fontanelle, Iowa**

18. (a) Signature of funeral director **Edna M. Hartney**  
(b) Address **5025 King Hill Ave.**

19. (a) **10-14-44** (Date received local registrar) (b) **Edna J. Pickle** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **12** year **1944** hour **8** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **October 5<sup>th</sup>** 19**44**, to **October 12** 19**44** and that death occurred on the date and hour stated above.

that I last saw him alive on **October 12** 19**44**

Immediate cause of death **urine poisoning** **1 da.**

Due to **fracture of shoulder**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN **186A-5**  
**39**

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) **fall** **13!**

(b) Date of occurrence **10-4-44**

(c) Where did injury occur? **St. Joseph Buch Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Street**

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **W. J. Zentgraf** (M. D. or other) **L**  
Address **Social Welfare Bld** Date signed **10/14/44**

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

1377

(Licensed Embalmer's Statement on Reverse Side)

**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 AD-12-44

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

Signed Eura Clark

Licensed Embalmer No. 4238

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.**