

S. No. 2  
M-8-13  
7-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1964

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 160

1. PLACE OF DEATH:  
(a) County Audrain  
(b) City or town Mexico Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Audrain County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 hrs  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: Montgomery Co Mo  
(a) State Mo (b) County Montgomery  
(c) City or town Belleflower 70  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Susan Froe  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race C  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 1 st 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 9 14 hr. min.

9. Birthplace New Hampton Mo Montgomery Co  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

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

MOTHER FATHER { 12. Name Hull  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Heneratta Graves  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Roy Bolby

(b) Address Belleflower Mo

17. (a) Burial (b) Date thereof 12-16-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel Cam

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 12-14-45 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14  
year 1945 hour 8:30 minute P M.  
21. I hereby certify that I attended the deceased from 12-14  
14, 1945, to 12-14, 1945  
that I last saw her alive on 12-14, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Extensive body burn  
Duration \_\_\_\_\_

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

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
18/12

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 Body burn

(b) Date of occurrence 12-14-45

(c) Where did injury occur? Belleflower, Mo 70  
(City or town) (County) (State)

(d) Did injury occur in or about home, farm, in industrial place or public place?  
Home, close to floor  
(Specify type of place)

While at work? No (Specify type of place) Means of injury \_\_\_\_\_

23. Signature H. J. Octav (M. D. or other) \_\_\_\_\_

Address Mexico, Mo Date signed 12-14-45

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

1000536

RECEIVED

District Health Officer No. 10

District File Number 1-46-208

Date Filed JAN 26 1946

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 \_\_\_\_\_ on the 15<sup>th</sup> \_\_\_\_\_  
Day of Dec 1945 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed C. W. Hopkins 

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.