S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26532

State File No.

Registration District No. 387 Primary Registration District No. 4086 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Tina, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home, Tina.
(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 many years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

(c) City or town Tina,
(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 XXX

3. (a) PRINT FULL NAME Curtis Oliver Suddith

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex m

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Hattie Suddith

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased November (Month) 7th (Day), 1878 (Year)

8. AGE: Years 67 Months 8 Days 27 If less than one day hr. min.

9. Birthplace Tremble Co. Kentucky, (City, town, or county) (State or foreign country)

10. Usual occupation R. Farmer,

11. Industry or business Retired & moved to town a few months ago,

MOTHER FATHER

12. Name Jas Suddith

13. Birthplace Kentucky, (City, town, or county) (State or foreign country)

14. Maiden name Lydia Markwell

15. Birthplace Kentucky, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hattie Suddith

(b) Address Tina, Missouri.

17. (a) ~~XXXXXX~~ Burial (Burial, cremation, or removal) (b) Date thereof 8/6ht/1946 (Month) (Day) (Year)

(c) Place: burial or cremation Coloma,

18. (a) Signature of funeral director Clifford W. Austin,

(b) Address Tina, Missouri.

19. (a) Aug. 6, 1946 (Date received local registrar) (b) Mrs Reg Henderson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August, day 4th, year 1946, hour 1:00 P. M.

21. I hereby certify that I attended the deceased from Jan. 12, 1944, to August 4, 1946; that I last saw him alive on Aug. 4, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	7 hrs.
Due to	
Due to	
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 R. W. Mathews (M. D. or other) MD

Address Tina, Mo Date signed 8/6/46

(Licensed Embalmer's Statement on Reverse Side)

FEB 4 1948

AUG 19 1948

OCT 21 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clifford W. Austin

Licensed Embalmer No. 3233

P. O. Address Tinai, Missouri.

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.