

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED OCT 24 1946 STANDARD CERTIFICATE OF DEATH**

32641

State File No. \_\_\_\_\_

Registration District No. 13

Primary Registration District No. 5056

Registrar's No. 79

**1. PLACE OF DEATH:**

(a) County Barry

(b) City or town Purdy - Rural, Cassiana Sp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community about 75 years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Barry 5

(c) City or town Purdy - Rural 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 4 mi. SW of Purdy 0  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** Susan Malinda Eden

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Oct. day 9  
year 1946 hour 12 minute 45 AM.

4. Sex female 5. Color or race white

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

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

7. Birth date of deceased October 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 19th 1946 to Oct 9th 1946  
that I last saw her alive on Oct 8th 1946  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>11</u>	<u>26</u>	hr. _____ min. _____

Immediate cause of death Carcinoma of sigmoid approx 2 yrs

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

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

9. Birthplace West Va.  
(City, town, or county) (State or foreign country)

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

Major findings: 46E

Of operations \_\_\_\_\_

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

10. Usual occupation Housewife

**MOTHER FATHER**

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

12. Name Thomas Holder 1

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

14. Maiden name Amanda Siffert 9

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Noel Limbarger

(b) Address Purdy, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof Oct. 10, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cem.

(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? \_\_\_\_\_

18. (a) Signature of funeral director Blankenships

(b) Address Manett Mo.

19. (a) 10-11-46 (b) W. M. West  
(Date received local registrar) (Registrar's signature)

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

(c) Means of injury 0 Q

23. Signature J. P. Baldwin (M. D. or other)

Address Purdy, Mo. Date signed 10-9-46

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD  
31471

RECEIVED

District Health Officer No. 6,

District File Number 1046-1072

Date Filed OCT 23 1946

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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 L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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.