

U.S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 36073
 Registrar's No. 285

FILED NOV 27 1946

Registration District No. 38

Primary Registration District No. 3006

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

1. PLACE OF DEATH:
 (a) County Boone
 (b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Boone County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 Days
(Specify whether years, months or days)
 In this community 4 Months

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Boone
 (c) City or town Columbia
(If outside city or town limits, write "RURAL")
 (d) Street No. 314 Hitt St.
(If rural, give location)
 (e) Citizen of foreign country? No
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME RACHEL SUTCLIFFE
 3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Fred Sutcliffe
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 9 - 17 - 1888
(Month) (Day) (Year)

8. AGE: Years 58 Months 2 Days 3
 If less than one day hr. _____ min. _____

9. Birthplace Bolton England
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
 12. Name Daniel Vernon
 13. Birthplace Bolton England
(City, town, or county) (State or foreign country)
 14. Maiden name Jane Ellen Gerard
 15. Birthplace Bolton England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elsie Akins,
 (b) Address 314 Hitt St., Columbia, Mo.

17. (a) Cremation (b) Date thereof 11-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Parson Funeral Service
 (b) Address Columbia, Mo.

19. (a) 11-21-46 (b) Mrs R E Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 20
 year 1946 hour 4 minute 15 A.M.
 21. I hereby certify that I attended the deceased from July 20, 1946
 to Nov 20, 1946
 that I last saw her alive on Nov. 19, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death
 (1) Hypertension essential with
chronic myocardial
Diabetes Mellitus
Duration
6 mo.
6 mo.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 1. Of operations 61
 Of autopsy _____
 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? _____

While at work? _____ (Specify type of place)
 (a) Means of injury _____
 23. Signature James M. Baker (M. D. or other) M.D.
 Address Columbia, Mo. Date signed Nov 20, 1946

DEC 20 1948

Date Filed 11-26-48

District File Number.....

District Health Officer No. 9,

RECEIVED

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 Tom McHarg

Licensed Embalmer No. 740672

P. O. Address Columbia, 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.