

FILED AUG 18 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28527

Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Cauthersville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community 5-2 years.

3. (a) PRINT FULL NAME Belle Road

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lee W. Road 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased Oct 15 1866

8. AGE: Years Months Days If less than one day

80 9 22 hr. min.

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

10. Usual occupation Homwife

11. Industry or business

12. Name B. F. Suzoff

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

14. Maiden name Magdal Olick

15. Birthplace Callaway Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Lee W. Road

(b) Address Cauthersville, Mo.

17. (a) Burial (b) Date thereof 8-9-1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation all anglans County

18. (a) Signature of funeral director W. F. W. Co.

(b) Address Cauthersville, Mo.

19. (a) 8-14-47 (b) Jessie B. Wilks (Date received local registrar) (Registrar's signature) 5119

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Cauthersville 1 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 2

(e) Citizen of foreign country? _____ (Yes or No) 6

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7

year 1947 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from 6-23-

1947 to 8-7- 1947

that I last saw her alive on 8-7- 1947

and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration 4 hrs.

Due to Supra Ventricular Heart block 10 min.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: 95%

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature D. W. Cook, M.D. (M. D. or other)

Address Cauthersville, Mo. Date signed 8-8-47

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

MOTHER FATHER

8-47-232

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 Noel C. Dixon

Licensed Embalmer No. 394

P. O. Address Cantonville, 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.