

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

OCT 19 1939

31952
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85

(b) Township..... Primary Registration District No. 1001

(c) City St. Joseph (d) Street No. 2410 Francis St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ALFRED H. SUESENS

(a) Residence, No. 2410 Francis St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Naome Suesens		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4th. 1882		
7. AGE	YEARS	MONTHS
	57	5
		1
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Car Distributor		
9. Industry or business in which work was done, as saw mill, bank, etc. Burlington R.R.		
10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) Burlington (STATE OR COUNTRY) Iowa.		
FATHER	13. NAME Alfred Henry Suesens	
	14. BIRTHPLACE (CITY OR TOWN) Burlington, (STATE OR COUNTRY) Iowa.	
MOTHER	15. MAIDEN NAME Naome Shontz	
	16. BIRTHPLACE (CITY OR TOWN) Burlington, (STATE OR COUNTRY) Iowa.	
17. INFORMANT John T. Suesens, (ADDRESS) 2410 Francis, St. Joseph, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cemetery Oct. 7, 1939		
19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC. (ADDRESS) 1946 Calhoun St. Joseph, Mo.		
20. FILED 1077 19 39 H. Nuttall Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 5th. 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 16**, 1939, to **Oct 5**, 1939
I last saw him alive on **Oct 5**, 1939 Death is said to have occurred on the date stated above, at **8:30 P.M.**
The principal cause of death and related causes of importance were as follows:
**Pulmonary edema
Myocardial failure
Cancer Rt Lung**

Date of onset

Other contributory causes of importance:
47

Name of operation..... Date of.....
What test confirmed diagnosis? **X-Ray** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify.....
(Signed) **H. S. Canrad**, M. D.
(Address) **St. Joseph, Mo.**

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.....

C. G. Swan

..... Licensed Embalmer No.....

4082

..... P. O. Address.....

St Joseph

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, above space should be left blank.