

STANDARD CERTIFICATE OF DEATH

43915

JAN 15 1939
Registration District No. 4304

Primary Registration District No. 301

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County: Linn
 (b) City or town: Linneus
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: XXXXXXXXXXXXXXXX
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: XXXXXXXX
 (Specify whether
 In this community: Seventy Five years
 years, months or days)

3. (a) PRINT
FULL NAME

Susan Lafee 100

3. (b) If veteran,
name war: XXXXXX3. (c) Social Security
No. XXXXX

4. Sex: Female

5. Color or
race: White6. (a) Single, widowed, married,
divorced: Widowed

6. (b) Name of husband or wife: XXXXXXXX

6. (c) Age of husband or wife if
alive: XXXXX years7. Birth date of deceased: July
(Month)2 1861
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

78

5

11

hr. min.

9. Birthplace:

Marathon County Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation:

At home

11. Industry or business:

XXXXXXXXXX

12. Name:

Peter Quick

13. Birthplace:

Penna.

14. Maiden name:

Sarah (unknown)
(City, town, or county) (State or foreign country)

15. Birthplace:

Penna.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature:

Wesley Lafee

(b) Address:

Linneus, Missouri

17. (a) Burial

(b) Date thereof: 12/16/1939

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation:

Elmwood Cemetery

18. (a) Signature of funeral director:

Thorne Undertaking Co

(b) Address:

Linneus, Missouri

19. (a) 12/15/1939

(b) Maud J. Webb 863

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Linn
 (c) City or town: Linneus
 (If outside city or town limits, write "RURAL")
 (d) Street No.: XXXXXXXXXXX
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.: XXXXXXXX years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 13th
 year: 1939 hour: 10 minute: P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw her alive on Dec. 13, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death:

Cerebral Hemorrhage Dec 13, 1939

Duration

Due to:

Arteriosclerosis

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 sta-
tistically

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

23. Signature: Dr. G. H. Bradley (M. D. or other)
 Address: Linneus, Missouri Date signed: 12/14

RECEIVED
District Health Officer No. 11,
District File Number 140 1914
Date Filed JAN 12 1940

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 Barry A. Taylor
Licensed Embalmer No. 3761
P. O. Address Linneus, 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, above space should be left blank.