

MISSOURI 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24515

State File No. _____

Registration District No. 61

Primary Registration District No. 5098

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Benton Mo
(b) City or town Alexander Rural
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton
(c) City or town Alexander Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1940 hour 2 minute 30 M. a

21. I hereby certify that I attended the deceased from July 1-40
_____ 1940, to July 9, 1940
that I last saw he alive on July 5, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to _____
Due to 107K
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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? _____

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While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature J. D. Logan (M. D. or other) _____
Address Paris, Mo. Date signed _____

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

3. (a) PRINT FULL NAME Sarah E. Suter 360

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

4. Sex fm 5. Color or race whk 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Chas Suter 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 30 1866
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Wife

12. Name Asa McKenzie

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

14. Maiden name Margaret Meigs

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Edna Suter

(b) Address Gumey Mo

17. (a) burial (b) Date thereof 7/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesleyan Cemetery

18. (a) Signature of funeral director J. D. Logan
(b) Place of burial

19. (a) 7/17/40 (b) Jas. D. Logan
(Date received by registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7,

District File Number ~~7-77~~ 8-40-109

Date Filed 8-8-40

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

J. P. L...

Licensed Embalmer No. 1987

P. O. Address Whittan

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.