S. No. 2
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FILED MAY 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14787

Registration District No. 396 Primary Registration District No. 5552 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Fort Osage Township
(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 years, months or days)

In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Sibley - Rural 0
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Susan Huntsucker

3. (b) If veteran, name war

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 Thomas Huntsucker

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 13, 1850 (Month) (Day) (Year)

8. AGE: Years 90 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Ray County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Robert Dowden

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Frances Sharp

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Lillie Huntsucker

(b) Address Sibley, Missouri

17. (a) Burial Cem (b) Date thereof April 16 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Six Mile Cr Cemetery Sibley Mo.

18. (a) Signature of funeral director W. M. Robert

(b) Address Buckner Mo.

19. (a) Apr 16, 1941 (Date received local registrar) (b) John W Robertson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 15 day 1941 year 6:00 a. m. hour minute M.

21. I hereby certify that I attended the deceased from April 5, 1941, to April 15, 1941, that I last saw her alive on April 14, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Degeneration	
Due to Influenza	
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 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: John W Robertson (M. D. or other) 0

Address Buckner Mo. Date signed 4-16-41

(Licensed Embalmer's Statement on Reverse Side)

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

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 V. M. Rempert

Licensed Embalmer No. 2321

P. O. Address Buckner

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.