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71

JULY 9 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22244

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 971

Primary Registration District No. 45-7-8-5791C

1. PLACE OF DEATH:  
(a) County Morgan  
(b) City or town (Rural) Mill Creek  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether) Entire life  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED: 71  
(a) State Missouri (b) County Morgan  
(c) City or town Syracuse, Mo. (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? Native years.

3. (a) PRINT FULL NAME Susan Ann Igo

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

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December, 29th, 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 22  
If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business home

12. Name Lewis Igo

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

14. Maiden name Amanda Tavis

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

16. (a) Informant Peter B. Smith  
(b) Address Syracuse, Mo R.F.D.

17. (a) Burial (b) Date thereof 6-23-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Syracuse, Mo

18. (a) Signature of funeral director James E. Richards  
(b) Address Tipton, Mo

19. (a) June 25/41 (b) Omer E. Louder  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st.  
year 1941 hour Nine minute 15:P. M.

21. I hereby certify that I attended the deceased from June 18th  
1941 to June 20, 1941;  
that I last saw her alive on June 20, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Sabour pneumonia  
Due to Cerebral hemorrhage  
Due to arterial hypertension  
Other conditions 108  
(Include pregnancy within 3 months of death)

Duration  
2 days  
4 days  
Chr.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?  
532  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature J. P. Lewis (M. D. or other) 0  
Address Tipton Mo Date signed 6-22-41

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

RECEIVED

District Health Officer No. 7.

District File Number 7-41-1117

Date Filed 7-7-41

O.S.

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 me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Jemell E. Richard

Licensed Embalmer No. 2466

P. O. Address Lipton, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.