

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32229

State File No.

Registration District No. 670

Primary Registration District No. 5896

Registrar's No.

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Rural Heath's Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Beaman, Mo. RFD # 1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 years, months or days)

3. (a) PRINT FULL NAME Susan Elizabeth Wilson

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 Wid.
6. (b) Name of husband or wife Chas. E. Wilson 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Sept. 2 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 1 2 hr. min.

9. Birthplace Cooper, Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name J.H. Richey

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

14. Maiden name Rebecca Ann Kirkman

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

16. (a) Informant Mrs. R.L. Beaman

(b) Address Beaman, Mo.

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

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.

19. (a) Oct. 6, 1941 (b) Flossie Ferguson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Rural Heath's Creek
(If outside city or town limits, write "RURAL")
(d) Street No. Beaman, Mo. RFD # 1.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4 year 1941 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1 to Oct 2 1941
that I last saw him alive on Oct 2 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions (include pregnancy within 3 months of death) 93d

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?

While at work Yes (Specify type of place) (e) Means of injury Stroke

23. Signature Dr. J. H. Richey (M. D. or other) MD
Address Beaman, Mo Date signed 10/6/41

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..... *L. E. Broullier*.....

Licensed Embalmer No. *3867*.....

P. O. Address..... *Seaboard 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, fact should be so stated above.