

FILLED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35466
Do not use this space.

1. PLACE OF DEATH

(a) County Macou Registration District No. 5-26
(b) Township Lyda Primary Registration District No. 4312
(c) City Atlanta (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. _____ How long in U. S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME

Hattie Sunovant
(a) Residence, No. _____ St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Wm Sunovant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
76 2 20
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House
9. Industry or business in which work was done, as saw mill, bank, etc. work
10. Date deceased last worked at this occupation (month and year) Atlanta 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macou Co. Mo.

FATHER 13. NAME J. M. Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va
MOTHER 15. MAIDEN NAME Sarah Corbin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Florida Bunch
(ADDRESS) Atlanta Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Old Shariton DATE Oct 25, 1941
19. FUNERAL DIRECTOR (NAME) Ambsodding
(ADDRESS) Atlanta Mo
20. FILED Oct 24, 1941 Irish McNeely
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-23rd, 1941
22. I HEREBY CERTIFY, That I attended deceased from Oct-10-, 1941, to Oct-23-, 1941
I last saw her alive on Oct-22-, 1941. Death is said to have occurred on the date stated above, at 7:30 a m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion with myocardial infarct Date of onset ?
94a
Other contributory causes of importance: General Arteriosclerosis ?

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. F. Conner, M. D.
(Address) Atlanta Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

20M-1-12-38 I X14023

RECEIVED

District Health Officer No. 10

District File Number 11-41-1995

Date Filed NOV 10 1941

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 H. M. Gooding

Registered Apprentice No., working under my personal supervision.

Signed H. M. Gooding

Licensed Embalmer No. 1750

P. O. Address Atlanta 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.