V. S. No. 2
DM—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22457

State File No.

Registration District No. 845 Primary Registration District No. 6108 Registrar's No.

1. PLACE OF DEATH:

(a) County Stone (Ruth Top)

(b) City or town Reeds Springs Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural (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) 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone 104

(c) City or town Reeds Spring rural (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sussie Patrick

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 4 (Day) 1867 (Year)

8. AGE: Years 75 Months 8 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Rheuban Gausnal
13. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) unknown 9 (State or foreign country)

16. (a) Informant Una Davis

(b) Address Reeds Springs

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6-42 (Month) (Day) (Year)

(c) Place: burial or cremation Isenheim cemetery

18. (a) Signature of funeral director Hettie Stutts

(b) Address Reeds Springs

19. (a) 6/30/42 (Date received local registrar) (b) Rubye Arnold (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day June year 1942 hour 12 noon minute M.

21. I hereby certify that I attended the deceased from April 7th 1942 to May 29 1942 that I last saw her alive on May 29th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to Renal and Hepatic involvement

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 131a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. C. Parrish (M. D. or other) DO

Address Reeds Spring Mo Date signed 6/5/42

1282

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 61
District File Number 742-947
Date Filed JUL 11 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address.....

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.)

or Mrs Stults

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