

FILED JAN 13 1943

Registration District No. 64

Primary Registration District No. 5243

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Rural Chariton Twp.  
(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)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME SUSIE REBECCA CONSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. 1

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive 66 years 11-18-82  
(Day) (Year)

7. Birth date of deceased Jan (Month) 11-18-82 (Year)

8. AGE: Years 60 Months 11 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Kennett Mo (City or town and county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name J. N. Finnell

13. Birthplace Kennett Mo (City or town and county) (State or foreign country)

14. Maiden name Lucia Finnell

15. Birthplace Kennett Mo (City or town and county) (State or foreign country)

16. (a) Informant J. J. Galsop

(b) Address Kennett Mo

17. (a) Burial (b) Date thereof Dec 17-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cashway

18. (a) Signature of funeral director J. J. Galsop

(b) Address Kennett Mo

19. (a) 17-11-42 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 10 N. W. 3. of W. of travel  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1942 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from Jan - 1940, 19\_\_\_\_, to Dec 16, 1942 that I last saw her alive on Dec - 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to \_\_\_\_\_

Due to Chronic Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autopsy [Signature]

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 \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury 0

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Salisbury Mo Date signed 12/17/42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-9-43

APR 13 1943

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 \_\_\_\_\_

*N. O. Garnett*

Licensed Embalmer No. 3046

P. O. Address Key West Fla

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.