S. No. 2
M—5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24484

FILED JUL 24 1943

Registration District No. 43 Primary Registration District No. 5142 Registrar's No. 197

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural Neely Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3½ mi. S.W. of Harviell (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler

(c) City or town rural - Harviell (If outside city or town limits, write "RURAL")

(d) Street No. 3½ miles S.W. of Harviell (If rural, give location)

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

If yes, name country 6

3. (a) PRINT FULL NAME Susian Clementine Deitz

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 Married

6. (b) Name of husband or wife Walter Deitz 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Feb. (Month) 27 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	3	10	..... hr. ..... min.

9. Birthplace Salene Co. (City, town, or county) ~~MX.~~ Ill. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jim Ervin
13. Birthplace Salene Co. (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Morris
15. Birthplace Salene Co. (City, town, or county) Ill (State or foreign country)

16. (a) Informant Walter Deitz
(b) Address Harviell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9/43 (Month) (Day) (Year)
(c) Place: burial or cremation Kinzie

18. (a) Signature of funeral director Minnie Gish
(b) Address Naylor Mo

19. (a) 6-28-43 (Date received local registrar) (b) Belle Kinnel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1943 hour 4 minute a M.

21. I hereby certify that I attended the deceased from June 7, 1943 to June 7, 1943 that I last saw her alive on June 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis

Due to

Due to Paralytic Stroke

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

92

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 J. F. Fan (M. D. or other)

Address Neelyville Date signed June 10 43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 243-186
Date Filed 2-19-48

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 Bryon C. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.