7. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 7 1944

STATE BOARD OF HEALTH — MISSOURI

STANDARD CERTIFICATE OF DEATH

21315

State File No.

Registration District No. 59 Primary Registration District No. 4099 Registrar's No. 103

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Plesant Hill Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Babylon Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community 5

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cass 19
(c) City or town: Garden City
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? ~~yes~~ no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Susie E. Talbot
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: 2
6. (b) Name of husband or wife: Widow
6. (c) Age of husband or wife if alive: 22 years
7. Birth date of deceased: (Month) ab (Day) 22 (Year) 1887

8. AGE:

Years	Months	Days	If less than one day
57	3	2	hr. min.

9. Birthplace: (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: House keeper
11. Industry or business:
MOTHER FATHER
12. Name: Thomas Hayn es
13. Birthplace: (City, town, or county) Ky. (State or foreign country) 1
14. Maiden name: Jeff Howard
15. Birthplace: (City, town, or county) Ky (State or foreign country) 1
16. (a) Informant: Mrs. John Broomfield
(b) Address: Garden City, Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: arden City, Mo.
18. (a) Signature of funeral director: J. M. Kaufman
(b) Address: arden City, Mo.
19. (a) June 28, 1944 (Date received local registrar) (b) Margaret Valle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2 year 1944 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from May 11, 1944, to June 2, 1944, that I last saw her alive on June 2, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Uterus
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
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: L. Murray M.D. (M. D. or other)
Address: Pleasant Hill, Mo. Date signed 6/5/44

1047 (Licensed Embalmer's Statement on Reverse Side)

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 J. M. Kauffman, Registered Apprentice No. 1030, working under my personal supervision.

Signed J. M. Kauffman

Licensed Embalmer No. 1030

P. O. Address Garden City, 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.