

S. No. 2  
M-8-43  
7-5-17-39  
PI X37823

31317

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 25 1944

Registration District No. 2

Primary Registration District No. 3042

Registrar's No. 50

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

1. PLACE OF DEATH:

(a) County Madison  
 (b) City or town Fredricks town, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Home  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution (Specify whether  
 In this community most of her life years, months or days)

3. (a) PRINT FULL NAME Susan East  
 3. (b) If veteran, name war L 3. (c) Social Security No. 7

4. Sex <u>Female</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced, <u>widowed</u>
6. (b) Name of husband or wife <u>Joseph Huley East</u>	6. (c) Age of husband or wife if alive <u>4</u> years	
7. Birth date of deceased <u>May 4 1868</u> (Month) (Day) (Year)		

8. AGE:	Years <u>76</u>	Months <u>4</u>	Days <u>5</u>	If less than one day hr. min.
---------	-----------------	-----------------	---------------	----------------------------------

9. Birthplace Butler Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER {  
 12. Name Cobb  
 13. Birthplace Butler Co. Mo. U  
 (City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Rose King  
 (b) Address Fredricks town R. 1 Mo.

17. (a) Burial (b) Date thereof Sept 11 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Oak Grove with Hill

18. (a) Signature of funeral director with Hill  
 (b) Address Fredricks town Mo.

19. (a) Sept 11 1944 (b) S. C. Slough Lake  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madison  
 (c) City or town Fredricks town Mo, 6.3.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9  
 year 1944 hour 2 minute 10 P. M.  
 21. I hereby certify that I attended the deceased from Sept 7 1944 to Sept 9 1944

that I last saw her alive on Sept 7th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration 24 hrs

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) 83a!

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury ⊙

23. Signature H. Harry Barron (M. D. or other)  
 Address Fredricks town Mo Date signed 9/11/44

RECEIVED

SEP 25 1944

District Health Officer No. \_\_\_\_\_

District File Number 944-4331

Date Filed 9-22-44

DEC 12 1944

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 John H. Holt

Licensed Embalmer No. 4264

P. O. Address Fredericktown, 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.