

FILED NOV 15 1944

Registration District No. ....

Primary Registration District No. 3003

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

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Monett  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days) 42 years

3. (a) PRINT FULL NAME Susan Frances Aulgur

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John R. Aulgur 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased April - 9 - 1857  
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Cumberland Co. Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired housewife

11. Industry or business Home

12. Name Nathan Curry  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Cashiba Patterson  
15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs H. J. Blakeslee  
(b) Address 610 Benton Ave. Monett Mo.

17. (a) Burial (b) Date thereof 9 - 29 - 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 900 E. Cam. Monett Mo.

18. (a) Signature of funeral director Callaway's

(b) Address Monett Mo.

19. (a) Sept 29 1944 (b) Ardna Willoughby  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Monett  
(If outside city or town limits, write "RURAL")  
(d) Street No. 610 Benton Ave  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27  
year 1944 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from Sept 27 to Sept 27, 1944  
that I last saw her alive on Sept 26, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration Duration 5 yrs  
Chronic Myocardial 1 yr 12

Due to Myocardial

Due to 930

Other conditions (Include pregnancy within 3 months of death)

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)  
23. Signature Franklin M. D. (M. D. or other)  
Address Monett Mo. Date signed 9/30/44

RECEIVED  
District Health Officer No. 6,  
District File Number 1144-1133  
Date Filed NOV 13 1944

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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

*J. R. Buchanan*

Licensed Embalmer No. 3179

P. O. Address

*Monett 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.