

S. No. 2
M-8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3140

State File No. _____

FILED FEB 13 1945

Registration District No. _____

Primary Registration District No. 5997

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Putnam
(b) City or town Rural Wilson Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lemons, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 50 days / _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86
(c) City or town Unionville, Mo. 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Susan Elizabeth Pearson

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex F. / 5. Color or race W. 6. (a) Single, widowed, married, divorced 2 W.

6. (b) Name of husband or wife William Pearson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 29, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 8 19 hr. _____ min.

9. Birthplace Salem Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Homework

11. Industry or business _____

12. Name Willain Cowen

13. Birthplace Ohio (City, town, or county) (State or foreign country)

14. Maiden name Susan Scoeley

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

16. (a) Informant Ang Pearson

(b) Address Lemons, Mo.

17. (a) Burial (b) Date thereof 1-20-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lone Pine

18. (a) Signature of funeral director W. H. Husted
Unionville, Mo.

(b) Address _____

19. (a) W. H. Husted (b) _____
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18th
year 1945 hour 5 minute - A. M.

21. I hereby certify that I attended the deceased from Dec 1st to Jan 18th 1945
and that death occurred on the date and hour stated above.
that I last saw her alive on Jan 18th 1945

Immediate cause of death Diabetic Coma
Due to Diabetes Mellitus

Duration 2 days
15 years

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 61
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)
Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Edward P. Fidd (M. D. or other) D.O.
Address Paducah, Mo. Date signed 1/19/45

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

6600

1099

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 2-45-343

Date Filed FEB 11 1945

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 F O Husted

Licensed Embalmer No. 2975

P. O. Address Unionville, 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.