

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3194

FILED FEB 6 1945
Registration District No. 303

Primary Registration District No. 6044

Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Rural Pine Swamp
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Ripley
(c) City or town Rural Pine Swamp (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: BESSIE HANEY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 27 year 1944 hour 9 - 10 minute P. M.
21. I hereby certify that I attended the deceased from Feb. 1 1944 to Dec 27 1944 that I last saw him alive on Dec 23 1944 and that death occurred on the date and hour stated above.

4. Sex F. 1 Color or race W.
6. (a) Single, widowed, married, divorced, married
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased April 6 1886 (Month) (Day) (Year)

Immediate cause of death auricular fibrillation Duration 5 yrs

8. AGE: Years 58 Months 8 Days 21 If less than one day hr. min.

Due to _____
Due to _____

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

Other conditions 9/20 (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations _____ Of autopsy _____

11. Industry or business _____
MOTHER FATHER { 12. Name Martha De Board Sutton
13. Birthplace Ky. (City, town, or county) (State or foreign country)
14. Maiden name Martha De Board
15. Birthplace Ky. (City, town, or county) (State or foreign country)

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant Noah Haney
(b) Address Handy mo

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? _____

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 30 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Houston mo

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

18. (a) Signature of funeral director Saylors V. Elliott
(b) Address Labool mo

23. Signature Frank Rucenski (M.D. or other) D.O.
Address Van Buren, mo Date signed 1-5-45

19. (a) 1-8-45 (Date received local registrar) (b) G. J. Prager (Registrar's signature)

676 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number. 245-44

Date Filed 2-5-45

APR 10 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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Tex

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.