

FILED MAR 28 1945

Registration District No. **72**

Primary Registration District No. **2007**

Registrar's No. **67**

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

**1. PLACE OF DEATH:**  
 (g) County Burtles  
 (f) City or town Poplar Bluff, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Brandon Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
 (Specify whether  
 In this community 2 year  
 years, months or days)

**3. (a) PRINT FULL NAME** Susie Lassiter  
 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 married  
 6. (b) Name of husband or wife Charles Lassiter  
 6. (c) Age of husband or wife if alive 33 years  
 7. Birth date of deceased January 18 1948  
 (Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>27</u>	<u>1</u>	<u>12</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

**MOTHER FATHER**  
 12. Name Geo. Tucker  
 13. Birthplace Mississippi  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Aggathum  
 15. Birthplace Miss.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Husband  
 (b) Address Halecomb, Missouri

17. (c) Burial (b) Date thereof March 4, 1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gritherville

18. (a) Signature of funeral director Lanessa Funeral Home  
 (b) Address Campbell, Missouri

19. (a) 3-5-45 (b) Belle Terre  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Dunklin  
 (c) City or town Halecomb, "rural"  
 (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 March day 2nd  
 year 1945 hour 3 minute 3 A.M.

21. I hereby certify that I attended the deceased from Feb. 17 1945 to March 2 1945  
 that I last saw her alive on March 2 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Shock following  
laparotomy of hysterectomy.  
 Due to  
 Due to

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations 139a  
 Of autopsy

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) Means of injury

23. Signature W. M. ... (M. D. or other)  
 Address Brandon Pop. Poplar Date signed 3-5-45  
St. Louis, Mo.

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

RECEIVED  
District Health Office No. 2  
District File Number 345-182  
Date Filed 3/23/45

**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 *Christina M. Landess*  
Licensed Embalmer No. *4227*  
P. O. Address *Campbell, Md.*

**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.**