S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21194

Registration District No. 297 Primary Registration District No. 4447 Registrar's No. 69

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Henrietta
(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 No (Specify whether
In this community 66 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray 89
(c) City or town Henrietta
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Susie Catherine Farabee

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thomas Farabee
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased July 5, 1879 (Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Ray County, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Jeptha Newton Pointer 0
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Irena Shelton
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Thomas Farabee
(b) Address Henrietta, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17, 46 (Month) (Day) (Year)
(c) Place: burial or cremation New Garden Cemetery
18. (a) Signature of funeral director Quest-Lile F. Home
(b) Address Richmond, Mo.
19. (a) June 17-46 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1946 hour 8:20 minute P. M.

21. I hereby certify that I attended the deceased from June 10, 1946 to June 15, 1946 that I last saw her alive on June 15, 46, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	4 days
Due to Arterial Sclerosis + Hypertension	7 yrs.
Due to	
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? 2 (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. E. G. Kisam (M. D. or other)
Address Richmond, Mo. Date signed June 17, 46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-29-46

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 Louis Lecort

Licensed Embalmer No. 4096

P.O. Address Richmond

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.