S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33260

Registration District No. 107 Primary Registration District No. 3-079-5422 Registrar's No. 189

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Rural Ind. (If outside city or town limits, write "RURAL" and name of township)

(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 years, months or days) In this community 9 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin 95

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. R. F. D. # 3 (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Susan C Paris

3. (b) If veteran, name war —

3. (c) Social Security No. No

4. Sex Fem.

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joe E. Paris

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Sept (Month) 12 (Day) 1867 (Year)

8. AGE: Years 79 Months Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name C. F. Canady

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

MOTHER 14. Maiden name Martha Vaughn

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

16. (a) Informant Joe E. Paris

(b) Address Kennett Mo R-3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Lynch Und Co

(b) Address Kennett Mo

19. (a) 10-14-1946 (Date received local registrar) (b) Earl Hurbard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11 year 1946 hour 11 minute 15 a M.

21. I hereby certify that I attended the deceased from April 1 1943 to Oct 11 1946, that I last saw her alive on Oct 10 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) No

(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? — (Specify type of place)

While at work? — (e) Means of injury — 0

23. Signature Paul Baldwin (M. D. or other) M.D.

Address Kennett Mo Date signed 10-14-46

90

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1946-1258
Date Filed 10-21-46

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 Walter A Hawkins

Licensed Embalmer No. 2002

P. O. Address Kennett 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.