

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1650**

**FILED FEB 5 1947**  
Registration District No. **171**

Primary Registration District No. **4267**

Registrar's No. **-2-**

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

**1. PLACE OF DEATH:**  
 (a) County **Lafayette**  
 (b) City or town **Odessa**  
 (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 **50 Yrs.**  
 In this community **50 Yrs.**  
 years, months or days

**3. (a) PRINT FULL NAME** **Susan Deisher**  
 3. (b) If veteran, name war  
 3. (c) Social Security No.

4. Sex **F** 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **Widow**  
 6. (b) Name of husband or wife  
 6. (c) Age of husband or wife if alive **12** years  
 7. Birth date of deceased **Sept. 12, 1870**  
 (Month) (Day) (Year)

8. AGE: Years **75** Months **3** Days **27**  
 If less than one day hr. min.

9. Birthplace **Lafayette Co. Mo.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

**MOTHER FATHER**  
 12. Name **George Summer**  
 13. Birthplace **Bristol, England**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Laura Hatton**  
 15. Birthplace **Unknown**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mattie White**  
 (b) Address **Oak Grpve, Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 12, 1947**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Odessa, Mo.**

18. (a) Signature of funeral director **Husman-Sparks**  
 (b) Address **Odessa Mo.**

19. (a) **Jan 12 1947** (b) **Letta Drummond**  
 (Date received legal registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Lafayette**  
 (c) City or town **Odessa**  
 (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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Jan** day **9<sup>th</sup>**  
 year **1947** hour **11** minute **45** AM.

21. I hereby certify that I attended the deceased from **December 9<sup>th</sup>** to **Jan 9<sup>th</sup>**, 1947;  
 that I last saw her alive on **January 9<sup>th</sup>**, 1947;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic pneumonia**  
 Duration **3 days**

Due to **Sarcoma Carcinoma of Liver**  
**Biliary passages about 2 1/2 yrs**

Due to  
 Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations  
 Of autopsy **H&P**  
**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?

(Specify type of place)  
 While at work? (e) Means of Injury **LD**

23. Signature **E. J. Slaughter** (or other) **DO.**  
 Address **Odessa, Missouri** Date signed **Jan 9, 1947**

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RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-25-47

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 Jerry L. Newman

Licensed Embalmer No. 2541

P. O. Address Wash, 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.