

No. 2
-8-13
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12180

FILED MAR 21 1947

Registration District No. 354

Primary Registration District No. 6198

Registrar's No.

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years (Specify whether years, months or days)
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Tx (b) County Texas
(c) City or town Rural (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 26
year 1947 hour 5 minute 04 P.M.

21. I hereby certify that I attended the deceased from death
attended 19____ to _____ 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Suppose heart
trouble
Due to senility
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 95C

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature J. B. Cunningham (M. D. or other) 3
Address Houston, Mo. Date signed 1-27-47

3. (a) PRINT FULL NAME SUSANNAH HUTSELL

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, unmarried

6. (b) Name of husband or wife Wright Hutsell 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Jan. (Month) 13 (Day) 1854 (Year)

8. AGE: Years 93 Months 0 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Silva Snyder

13. Birthplace unknown (City, town, or county) _____ (State or foreign country)

14. Maiden name unknown Lea

15. Birthplace unknown (City, town, or county) _____ (State or foreign country)

16. (a) Informant Mr. Sarah Edwards

(b) Address Houston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 29 47 (Month) (Day) (Year)

(c) Place: burial or cremation #1 Cemetery

18. (a) Signature of funeral director Wayne V. Elliott
(b) Address Houston, Mo.

19. (a) Mar. 4, 47 (Date received local registrar) (b) Gayle Cunningham (Registrar's signature)

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

MOTHER FATHER

RECEIVED

Dis:

Dist:

Date Filed

No. 5,

347126

3-14-47

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

Frank E. Hood

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.