

S. No. 2
M-5-43
v. 5-17-39
I X34671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

164053

State File No.

FILED JUN 2 1947

Registration District No.

Primary Registration District No. 5045

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Rural Wheaton twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 mi. E. of Wheaton, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community all of life
years, months or days)

3. (a) PRINT FULL NAME Susan Elizabeth Antle

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 widowed
6. (b) Name of husband or wife Dallas Antle 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 29, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 0 0 6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Perry Ferguson
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth McClure
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Olen Antle
(b) Address Exeter, Mo.

17. (a) Burial (b) Date thereof May 2, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery

18. (a) Signature of funeral director Koon Funeral Home

(b) Address Cassville Mo.

19. May 15 - 1947 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry 5
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. Purdy, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? no 3 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1947 hour 6:50 minute _____ P. M.

21. I hereby certify that I attended the deceased during
the year 1946 to 1947
that I last saw her alive on about Jan - 15 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Rheumatoid Arthritis

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?

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

23. Signature O. S. McCall (M. D. or other) _____

Address Wheaton Mo. Date signed 5-13-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 547-553
Date Filed MAY 22 1947

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

W. C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.