No. 2
I—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20615

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 568

1. PLACE OF DEATH:

(a) County: GREENE
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 849 N. Weaver Str. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39
(c) City or town: Springfield 2 (If outside city or town limits, write "RURAL")
(d) Street No.: 849 N. Weaver Str. 6 (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME: Susie A. Sappington
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: Female 2
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: unknown (Month) (Day) (Year)
8. AGE: Years 76 | Months ? | Days ? | If less than one day ____ hr. ____ min.
9. Birthplace: unknown (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Domestic
11. Industry or business ____
FATHER 12. Name: John Davis
FATHER 13. Birthplace: unknown (City, town, or county) Kansas (State or foreign country)
MOTHER 14. Maiden name: Harriet Owens
MOTHER 15. Birthplace: unknown (City, town, or county) Kansas (State or foreign country)
16. (a) Informant: Hazel Owens
(b) Address: Oklahoma City Oklahoma
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Mem.
18. (a) Signature of funeral director: W. F. Campbell
(b) Address: 867 Washington
19. (a) 6-26-47 (Date received local registrar) (b) W. E. Hanley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1947 hour 7 minute 30 M.
21. I hereby certify that I attended the deceased from May 14 1947 to June 24 1947 that I last saw her alive on June 16 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease — Duration

Due to ____

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: Lyman D. Brown (M.D. or other)
Address: 311 W. Boonville Date signed: June 26 1947

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1747

P. O. Address.....

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.