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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 21 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23723

Registration District No. 73 Primary Registration District No. 4138 Registrar's No. 52

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

1. PLACE OF DEATH:
(a) County CLINTON
(b) City or town LATHROP
(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
In this community 70 YEARS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CLINTON 25
(c) City or town LATHROP 2
(If outside city or town limits write "RURAL")
(d) Street No. ____ 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME SUSAN VIRGINIA HENDERSON
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 WIDOW
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased OCT - 16 - 1857.
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace FORT SMITH ARK.
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business HOME
FATHER
12. Name GEORGE W. DEATON.
13. Birthplace WINCHESTER TENN
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name FRANCES SPARKS.
15. Birthplace WINCHESTER TENN
(City, town, or county) (State or foreign country)
16. (a) Informant MISS FANNIE HENDERSON
(b) Address LATHROP - MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-15-47
(Month) (Day) (Year)
(c) Place: burial or cremation LATHROP MO.
18. (a) Signature of funeral director DEMOSS CRUNK
(b) Address CAMERON. MO.
19. (a) 7-15-47 (Date received local registrar) (b) Winifred W. Moser (Registrar's signature) 20

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 13
year 1947 hour 9 minute 00 P M.
21. I hereby certify that I attended the deceased from Jan- 20 1947, to July -13- 47, 19__;
that I last saw h__ alive on July 8th, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute gastritis	3, wkd
Hypertension	
Due to Arterio sclerosin	
Chronic Myocarditis.	
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?
(Specify type of place)
While at work? ____ (e) Means of injury 0
23. Signature E. B. Dunkerson (M. D. or other)
Address Lathrop Date signed 7-15-47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Harold Lee Walker, Registered Apprentice No. 21 working under my personal supervision.

Signed Leo Wm Brunk

Licensed Embalmer No. 2533

P. O. Address Cameron, 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, above space should be left blank.