S. No. 2
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5-17-39
I X36671

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

State File No. 11419

FILED APR 30 1948

Registration District No. 13 Primary Registration District No. 4026 Registrar's No.

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Purdy
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Purdy
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Susie L. Lowery

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 1 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Purdy Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name William Cannon
13. Birthplace Alabama
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alcey Johnson
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant May Lowery
(b) Address Purdy, Missouri

17. (a) Burail (Burial, cremation, or removal) (b) Date thereof 2-15-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Pleasent Cemetery

18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri

19. (a) 4-30-48 (Date received local registrar) (b) Wm M West M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11 year 1948 hour 1:30 minute A.M.

21. I hereby certify that I attended the deceased from Jan 2 1946 to Feb 7 1948 that I last saw her alive on Feb 10 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Lobar) — Duration 3 days

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? (Specify type of place)

While at work (e) Means of injury

23. Signature (M. D. or other)

Address Cassville Date signed 2-27-48

(Licensed Embalmer's Statement on Reverse Side)

MAY 1 1948

MAY 3 - 1948

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 William H. Elkins, Registered Apprentice No. 495, working under my personal supervision.

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.