

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED JUN 11 1948

Registration District No. 65

Primary Registration District No. 4 113

Registrar's No. 63

1. PLACE OF DEATH:

(a) County CHARLTON
(b) City or town BRUNSWICK
(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
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CHARLTON
(c) City or town BRUNSWICK
(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

3. (a) PRINT FULL NAME SUSAN HAVENER

3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 1ST
year 1948 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 10
1948 to May 1 1948
that I last saw her alive on May 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Respiratory Failure terminal.

Due to Cerebral Hemorrhage 5 days
Due to Hypertension 10 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause of 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) *
Means of injury *
Signature H. P. Fowler D.O. (M. D. or other) 5/5/48
Address Brunswick, Mo. Date signed

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 JANUARY 10 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 3 21 hr. min.

9. Birthplace FRANKLIN Co MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business HOUSE WORK

12. Name W. W. PARK

13. Birthplace DON'T KNOW 9
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH BLANKENSHIP

15. Birthplace DON'T KNOW 9
(City, town, or county) (State or foreign country)

16. (a) Informant WALTER HAVENER

(b) Address KANSAS CITY MO.

17. (a) BURIAL (b) Date thereof 5-3-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation TRIPLETT MO

18. (a) Signature of funeral director L. W. Maesiel

(b) Address BRUNSWICK MO

19. (a) 5-3-48 (b) Mildred Boye
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-10-48

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 L. M. Meersel

Licensed Embalmer No. 823

P. O. Address Brunswick 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.