No. 2
8-43
7-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1948

Registration District No. 62

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25731

Primary Registration District No. 5240

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Humansville - Washington twp (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 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) County ~~State~~ St. Clair Co. (b) State ~~County~~ Missouri

(c) City or town Osceola - "Rural" 92 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Susie Anna Rachel Ellerman

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

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 Sept. (Month) 15 (Day) 1875 (Year)

8. AGE: Years 72 Months 10 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business In home

FATHER
12. Name Ben Kidd
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Leddin
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Everet Ellerman

(b) Address Osceola, Mo. R#2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 16 (Day) 1948 (Year)

(c) Place: burial or cremation Brush Creek Cemetery

18. (a) Signature of funeral director F B Goodrich

(b) Address Osceola Mo

19. (a) 8-24-48 (Date received local registrar) (b) Geneva Garrison (Registrar's signature) 54

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1948 hour 10 AM minute M.

21. I hereby certify that I attended the deceased from Aug 12, 1948, to Aug 14, 1948 that I last saw her alive on Aug 13, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal Obstruction	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 2B	
Major findings: Of operations 12	
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 Dr. E. D. Brown L (M. D. or other) DO

Address Collins Mo. Date signed 8-14-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No
District File Number 5-48-9
Date Filed 8-27-4

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 H B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.