No. 2
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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. 41203

FILED DEC 22 1948

Registration District No. 394 Primary Registration District No. 6064 Registrar's No.

**1. PLACE OF DEATH:**

(a) County St. Clair

(b) City or town Osceola (Rural)
(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 Most of life

**2. USUAL RESIDENCE OF DECEASED:**

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

(c) City or town Osceola (Rural)
(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 Bourland

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 1 (Day) 1871 (Year)

8. AGE: Years 77 Months 8 Days 7 If less than one day hr. min.

9. Birthplace St. Clair County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business

MOTHER FATHER

12. Name Green Bourland

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Alice Reser (Racer)

15. Birthplace Virgina (City, town, or county) (State or foreign country)

16. (a) Informant Harry Bourland

(b) Address Osceola Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/48 (Month) (Day) (Year)

(c) Place: burial or cremation Concord Cemetery

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

(b) Address Osceola Missouri

19. (a) 12-10-1948 (Date received local registrar) (b) Ruth Seeser (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 8 year 1948 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 11-10-48 to 12-8 1948 that I last saw her alive on 12-6 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Myocardetis | 6 wk. |
| Due to gall bladder infection | 9 |
| 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 Ruth Seeser (M. D. or other)

Address Osceola Mo Date signed 12/9/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 11-48-1470
Date Filed 12-21-48

**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 F 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 with the above constitutes grounds for revocation of license.)**

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