

No. 2
5-42
5-17-39
X22475

DECEASED AUG 11 1943

Registration District No. 222

Primary Registration District No. 4333

Registrar's No. _____

1. PLACE OF DEATH: Maxwell Groves
 (a) County Monteary
 (b) City or town Charleburg
 (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 all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Monteary
 (c) City or town Charleburg
 (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 Dollie May Suggs
 3. (b) If veteran, name war _____ No. _____
 3. (c) Social Security 4

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife John Suggs 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Mar 15 1892
 (Month) (Day) (Year)

8. AGE: Years 51 Months 4 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Monteary Mo
 (City, town or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business William Bomily

12. Name William Bomily

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

14. Maiden name Edaline Bishop

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

16. (a) Informant John Suggs
 (b) Address Charleburg Mo

17. (a) Rural (b) Date thereof 7/26/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Monteary

18. (a) Signature of funeral director William S. Friedman
 (b) Address California Mo
 19. (a) Jenni M. Needles 7/26/43
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 24
 year 1943 hour 3 minute 15 P.M.
 21. I hereby certify that I attended the deceased from July 8 1943 to July 24 1943
 that I last saw h.E.R. alive on July 24 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____
 Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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) (e) Means of injury IV
 23. Signature G. W. Knapp (M.D. or other) D.O.
 Address Charleburg, Mo. Date signed July 25 43

Duration approximately 18 hours
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

734

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. E. Friedmeyer

Licensed Embalmer No.....

2854

P. O. Address.....

California 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.