DEC'D SEP 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30502
Do not use this space.

114 2

1. PLACE OF DEATH
(a) County Wright Registration District No. 908
(b) Township Wood Primary Registration District No. 6223 Registered No. 41
(c) City Norwood, Mo. (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Lorraine Mary Sullivant
(a) Residence, No. Norwood, Missouri St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oliver Sullivant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23-1916

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
23	4	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) 8-13-39
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co. - Missouri

FATHER
13. NAME Ed. Preston 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0 0

MOTHER
15. MAIDEN NAME Matilda Grogan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co. - Missouri

17. INFORMANT (ADDRESS) Oliver Sullivant Norwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethal Cemty. - Norwood DATE Aug. 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) George Stapp Mountain Grove, Mo.

20. FILED 8-26, 1939 Bernice Madgener Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Viewed, 19 the body, 19
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

Killed by a bolt of lightening

Date of onset

192
4

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8-14, 1939
Where did injury occur? At home Nr Norwood - Wright Co. Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) George Stapp, M. D.
(Address) Mtn Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-1-12-38 I X14028

RECEIVED
District Health Officer No. 6,
District File 939-1864
Date Filed SEP. 11 1939

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, George Stapp, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed George Stapp

Licensed Embalmer No. 3161

P. O. Address [illegible]

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, above space should be left blank.