

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16222

State File No. _____

Registration District No. 797

Primary Registration District No. 6040

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Miami
(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 _____
years, months or days

8. (a) PRINT FULL NAME Jennie V. Sullivan

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 12 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 2 18 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Samuel Sturton

13. Birthplace don't know
(City, town, or county) (State or foreign country)

14. Maiden name Martha Mathias

15. Birthplace don't know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. W. Sullivan

(b) Address Miami, MO

17. (a) Home (b) Date thereof 5-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Campbell-Pearl

(b) Address Marshall MO

19. (a) 5-1-40 (b) Mrs. Saline Hulse
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Miami
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1940 hour 8:22 minute 0 A. M.

21. I hereby certify that I attended the deceased from 4-21
1940, to 4-30, 1940

that I last saw her alive on 4-30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 10 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: no operation

Of operations _____

Of autopsy no 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 _____

23. Signature B. H. Sullivan (M. D. or other)
Address Miami, MO Date signed 5/1-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

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.....

Joe W. Reiss....., Registered Apprentice No.....
working under my personal supervision.

Signed *Joe W. Reiss*.....

Licensed Embalmer No. *1171*.....

P. O. Address *Marshall*.....

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.