No. 2
1-10-39
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X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38647

FILED DEC 10 1940

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 102

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 611 Stafford. (HOME) (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none. (Specify whether In this community 80 yrs. 9 mo. 0 dd. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Washington (If outside city or town limits, write "RURAL")

(d) Street No. 611 - Stafford St. - (If rural, give location)

(e) If foreign born, how long in U. S. A.? no. - years.

3. (a) PRINT FULL NAME HENRY JOHN SULLENTRUP

3. (b) If veteran, name war no. -

3. (c) Social Security No. none.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife none. -

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

7. Birth date of deceased Feb. - (Month) 3 - (Day) 1860 (Year)

8. AGE: Years 80 Months 9 Days 0 If less than one day hr. ✓ min.

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

10. Usual occupation Farmer - 1

11. Industry or business

FATHER
12. Name Henry J. Sullentrup 6
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Trentmann 0
15. Birthplace St. Louis - (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Paul Sullhof

(b) Address Washington Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. - (Month) 5 - (Day) 1940 (Year)

(c) Place: burial or cremation Washington Mo. -

18. (a) Signature of funeral director Otto Fled. - 27

(b) Address Washington Mo. - 210

19. (a) Nov. 4-1940 (Date received local registrar) (b) H. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day third year 1940 hour 7 minute 10 P. M.

21. I hereby certify that I attended the deceased from Dec 15, 1939, to Nov. 3 - 1940 that I last saw him alive on Nov. 3 - 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic Carcinoma — Duration 6 mo

Due to Mitral Stenosis

Due to

Other conditions (Include pregnancy within 3 months of death) 46

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)

(e) While at work? (e) Means of injury

23. Signature H. Goodrich (M. D. or other) MD

Address Washington Mo. Date signed 11-4-40

(Licensed Embalmer's Statement on Reverse Side)

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 none

Other, Registered Apprentice No.

working under my personal supervision.

Signed Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

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.