

No. 12-40
12567

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41705

Registration District No. 26

Primary Registration District No. 3002

Registrar's No. 165

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret Sullivan

3. (b) If veteran, name war None

3. (c) Social Security None

4. Sex Female race White

5. Color or race White

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

6. (b) Name of husband or wife Eugene Sullivan

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 12 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78	9	8	hr. min.
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9. Birthplace Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Jacob Fecht

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

14. Maiden name Margaret Bost

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

16. (a) Informant Mrs. Annie Bueten

(b) Address Bowling Green, Mo.

17. (a) Burial (b) Date thereof Dec. 22, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic, Mexico, Mo.

18. (a) Signature of funeral director Carl P. Pugh

(b) Address Mexico, Mo.

19. (a) See 21-1940 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

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

(d) Street No. R.F.D. 6, Mexico
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1940 hour 9 minute 15 M.

21. I hereby certify that I attended the deceased from Dec 5, 1940, to Dec 20, 1940 that I last saw her alive on Dec 20 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Hypertensive (Bronchial)

Due to myocarditis chr.

Due to arterio-sclerosis Hypertension

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy _____

Duration 4 days

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? _____

23 While at work? _____
(Specify type of place) (e) Means of injury

23. Signature R. Williams (M. D. or other) _____

Address Mexico, Mo. Date signed 12-21-40

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

RECEIVED

District Health Officer No. 10

District File Number 1-41-142

Date Filed JAN 16 1944

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.....

Earl E. Precht

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. 3289

P. O. Address Mexico, 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.