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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25992

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 108

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

1. PLACE OF DEATH:

(a) County St Charles

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

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

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 3 mounts years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery 70

(c) City or town Middletown 0 (If outside city or town limits write "RURAL") 0

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME CORA BELL SULLIVAN

3. (b) If veteran, name war —

3. (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 Eston L. Sullivan

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug (Month) 20 (Day) 1882 (Year)

8. AGE: Years 58 Months 7 Days 16 If less than one day hr. min.

9. Birthplace Montgomery Co (City, town, or county) 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business —

FATHER
12. Name Jack Parsons
13. Birthplace (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Mary Jane Ellis
15. Birthplace (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Jess Tagg

(b) Address 709 Clark St St Charles

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Middletown Mo

18. (a) Signature of funeral director F. W. Kuhne

(b) Address Wellsville Mo

19. (a) 6-8-41 (Date received local registrar) (b) Clarence G. Nissler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6 year 41 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 6, 1941, to June 6, 1941; that I last saw h. on alive on June 6, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocardial Failure	1 hour
Due to: Chronic Myocarditis. Diabetes Mellitus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

61

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)

While at work? (e) Means of injury

23. Signature Vincent A. Schneider (M. D. or other) MD

Address St Charles Mo Date signed 6/7/41

(Licensed Embalmer's Statement on Reverse Side)

AUG 2 0 1941

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 Clifford C Kuhne

Licensed Embalmer No. 3059

P. O. Address Wellsville Ma

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.