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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17917

State File No.

Registration District No. 297 — Primary Registration District No. 3016 — Registrar's No. 50

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: St. Francis Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days. (Specify whether

In this community 70 yrs. 3 mos. 10 das. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36 0

(c) City or town Rural - Washington 0 (If outside city or town limits, write "RURAL")

(d) Street No. R. #1 W (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ✓

3. (a) PRINT FULL NAME GEORGE HENRY SULLENTRUP

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of ~~husband or~~ wife Catherine Sullentrup

6. (c) Age of ~~husband or~~ wife if alive 59 years

7. Birth date of deceased January (Month) 29 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	3	10	hr. min.

9. Birthplace Washington (R.#1 W) 0 Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business ✓

FATHER
12. Name William H. Sullentrup
13. Birthplace Unknown 4 Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Backer
15. Birthplace St. Louis 0 Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Sullentrup

(b) Address Washington, Mo. R. #1 W.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1942 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Nieburg & Vitt, Inc.,

(b) Address Washington, Missouri

19. (a) May 11, '42 (Date received local registrar) (b) Lucilla Ruether (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1942 hour 7:00 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 1941, 19, to May 9, 1942, 19; that I last saw him alive on May 9, 1942, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Decompensation

Due to Bronchopneumonia

Due to Apoplexy

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

107

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 0

23. Signature [illegible] (M. D. or other)

Address Washington Date signed May 11/42

1181 (Licensed Embalmer's Statement on Reverse Side)

OCT 10 1946

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~~ Lester H. Witt, Registered ~~Apprentice No.~~ working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.