MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. No. 2. 50M-7-20-37 I X12004

1942 AUG 18 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23769

Do not use this space.

1. PLACE OF DEATH

5 (a) County Barry — Registration District No. 11 5

1 (b) Township Flat Creek — Primary Registration District No. 40 24 1 0 — Registered No. 69

0 (c) City Cassville Mo — (d) Street No. ..... St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 1 Clara E. Sullivan 0

(a) Residence, No. Cassville Mo. St. ☐ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Carl Sullivan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 19, 1885

7. AGE: YEARS 53 — MONTHS 4 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana 1

FATHER

13. NAME: Thomas W. Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana 1

MOTHER

15. MAIDEN NAME: Mary Elexandar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know 9

17. INFORMANT (ADDRESS): Carl Sullivan, Cassville, Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Oak Hill — DATE: 7-19, 1938

19. FUNERAL DIRECTOR (ADDRESS): Koon Funeral Home, Cassville, Mo.

20. FILED: July 29, 1942 Grace Williams, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 1938, to July 18, 1938

I last saw her alive on July 18, 1938. Death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	unk.
1 3 1 6	

Other contributory causes of importance:

1) Hypertensive Kidney	unk.
2) Arteriosclerosis	unk.
3) Cardiac Decompensation	unk.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Sean Newman, M. D.

(Address) Cassville, Mo.

1077 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 842-1267
Date Filed AUG 17 1942

STATEMENT BY LICENSED EMBALMER

I, Eugene Wood, Licensed Embalmer No. 3804
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Eugene Wood
L. E.
No. 3804 or by, Registered Apprentice No.
working under my personal supervision.

Signed Eugene Wood
Licensed Embalmer No. 3804

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.)