

FILED SEP 10 1942

Registration District No. 208157

Primary Registration District No. 4243 4247

Registrar's No. 180

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: First St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community 50 years 6 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Jasper
(If outside city or town limits, write "RURAL")
(d) Street No. First Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Myrtle Sullens

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charley Sullens 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. 10 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 6 7 hr. min.

9. Birthplace Jasper Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Housekeeping

12. Name William Carns

13. Birthplace Unknown Ohio /
(City, town, or county) (State or foreign country)

14. Maiden name Jane Eryant

15. Birthplace Unknown Ill. /
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Sullens
(b) Address Jasper, Missouri

17. (a) Burial (b) Date thereof Aug. 18th-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem. Chas. J. Teeter

18. (a) Signature of funeral director Jasper, Mo.
(b) Address _____

19. (a) Aug. 17, 1942 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17th
year 1942 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1938
to Present (1942)

that I last saw her alive on July 1942;

and that death occurred on the date and hour stated above.
Immediate cause of death acute dilatation of the heart Duration _____

Due to Longstanding aortic regurgitation

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

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? _____

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

23. Signature J. Darwin Magee, (M. D. or other) D.O.
Address Jasper, Mo. Date signed 8/17/42

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

49
88

1203

42-8-683

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 Phas J. Tuter
Licensed Embalmer No. 2566
P. O. Address Jasper 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.