S. No. 2
—9-4-41
5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34759

State File No. 34759

FILED OCT 25 1943

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 843

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burger-Connelly Rest Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 909 N. Main
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): No
If yes, name country

39 2 6 4

3. (a) PRINT FULL NAME: Marie A. Sullivan
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Unk.
6. (c) Age of husband or wife if alive: Dec. years
7. Birth date of deceased: Aug. (Month) 24 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	1	18	hr. min.

9. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant: Records Burger-Conelly Rest Home
(b) Address: Springfield, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Oct. 12, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Chicago, Ill.
18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 10-12-43 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12 year 1943 hour 9 minute 20 p. M.
21. I hereby certify that I attended the deceased from June 1 1943 to Oct 11 1943 that I last saw her alive on Oct 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy — Duration: 5 mo.
Due to:
Due to:
Other conditions: Hemiplegia 5 mo
(Include pregnancy within 3 months of death)
Major findings:
Of operations: §3a!
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): None
(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: J A Bruton (M. D. or other) MA
Address: Springfield Mo. Date signed 10/12/43

984

(Licensed Embalmer's Statement on Reverse Side)

OCT 25 1949

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.....

Licensed Embalmer No. 2457

P. O. Address.....

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.