

Registration District No. 47

Primary Registration District No. 3164

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Rural -- Fulton Twsp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6 Mile S. E. of Fulton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 58 Years (Specify whether years, months or days)  
In this community 58 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Rural -- Fulton Twsp  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6 Mile S. E. of Fulton  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ANDY GREEN SULLINS SULLINS

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 22 1856  
(Month) (Day) (Year)

8. AGE: Years 87 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Franklin County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name Richard Sullins

13. Birthplace Unknown 9

14. Maiden name Elenora Fitzgerald

15. Birthplace Gerald Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Sullins

(b) Address Rt. #1, Fulton, Mo.

17. (a) Burial (b) Date thereof 1/7/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richland Ch. Cem.

18. (a) Signature of funeral director Geo G. Wallace

(b) Address Fulton, Mo.

19. (a) 1-6-1944 (b) Josee M. Mansueti  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2  
year 1944 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from 11-30  
1943 to 1/2 1944

that I last saw him alive on Dec 21 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke of apoplexy Duration \_\_\_\_\_

Due to an attack of influenza with complications  
Due to \_\_\_\_\_

Other conditions Chronic Bronchial Catarrh  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy 43a1  
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 \_\_\_\_\_

23. Signature A. O. Payne (M. D. or other) \_\_\_\_\_  
Address 146 Fulton Date signed 2/13/44

01147 (Licensed Embalmer's Statement on Reverse Side)

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

14  
0  
0

**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, ~~by~~.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Robert E. White*

Licensed Embalmer No. *4168*

P. O. Address..... *Fulton, 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.**