S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 7 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37577

Registration District No. 94 Primary Registration District No. 4157 Registrar's No.

29 0 0

1. PLACE OF DEATH
(a) County Dade
(b) City or town Dadeville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: West Part of Dadeville (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... In this community 47 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dade 29
(c) City or town Dadeville (If outside city or town limits, write "RURAL") 0
(d) Street No. West Part of Dadeville (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Fausta Fern Sullivan Carlock
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 Harry Carlock
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Dec. 27, 1872 (Month) (Day) (Year)
8. AGE: Years 71 Months 8 Days 16 If less than one day ..... hr. ..... min.
9. Birthplace Fern (City, town, or county) Indiana (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business House work.
MOTHER FATHER
12. Name Henry G. Sullivan
13. Birthplace (City, town, or county) Indiana (State or foreign country)
14. Maiden name Priscilla Lapwell
15. Birthplace (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Dr. Harry Carlock
(b) Address Dadeville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Greenfield Cemetery
18. (a) Signature of funeral director Wilfred D. Erwin
(b) Address Dadeville, Mo.
19. (a) 10-15-44 (Date received local registrar) (b) Kyle Kirby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 year 1944 hour 4 minute P. M.
21. I hereby certify that I attended the deceased from May 1, 1944 to Sep. 12, 1944 that I last saw him alive on Sep. 11, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal Influenza	4 days
Due to Gastro Enteritis	4 da
Due to Cardiac disease Valvular (Mitral) Insufficiency	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations ✓ 92 lb
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature B B Kirby (M. D. or other)
Address Dadeville Mo Date signed Sep. 13 - 44

1343 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1244-176
Date Filed DEC 4 1944

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 Willard P. Erwin

Licensed Embalmer No. 3092

P. O. Address Palmyra, 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.