

DEPARTMENT OF COMMERCE  
BUREAU OF PUBLIC HEALTH  
**FILED DEC 1 1944**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37676**

Registration District No. **107**

Primary Registration District No. **3019**

Registrar's No. **141**

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

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Dunklin** **35**  
 (c) City or town **Kennett**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **605 Henderson**  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** **Georgia Emma Sullinger**  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No.....

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **Oct** day **11**  
 year **1944** hour **9** minute **35 P.M.**  
 21. I hereby certify that I attended the deceased from **Oct. 11** 19**44** to **Oct. 11** 19**44**  
 that I last saw h..... alive on..... 19.....  
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (c) Age of husband or wife if alive **48** years  
 7. Birth date of deceased **May 8 1905**  
(Month) (Day) (Year)

Immediate cause of death **Lobar pneumonia** **6 days**  
 Due to **Influenza**  
 Due to.....

**8. AGE:** Years **39** Months **5** Days **3**  
 If less than one day hr. min.

Other conditions.....  
(Include pregnancy within 3 months of death)  
 Major findings: **33b**  
 Of operations.....  
 Of autopsy.....

9. Birthplace **Malden Mo.** **11**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Geo. Suttleton**

12. Name **Geo. Suttleton**

13. Birthplace **Don't know** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name **Myrtle Harris**

15. Birthplace **Don't know** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **W. P. Sullinger**

(b) Address **605 Henderson Kennett Mo**

17. (a) **Burial** (b) Date thereof **10-17-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Malden Mo**

18. (a) Signature of funeral director **L. H. and G.**

(b) Address **Kennett Mo.**

19. (a) **11-6-44** (b) **John Blumenship**  
(Date received local registrar) (Registrar's signature)

**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?

23. Signature **Dr. P. P. Bohler** (M. D. or other) **Dr.**  
 Address **Kennett, Mo.** Date signed **Oct 12, 1944**

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

RECEIVED

District Health Office No. 2,

District File Number 1244-158

Date Filed 12-7-44

**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 Walter A. Hawberis

Licensed Embalmer No. 2002

P. O. Address Kennett 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.