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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38209

State File No.

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 128

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McFarland Hospital Rolla Mo
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Texas 107
(c) City or town Licking Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ransom Blaine Sullins
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 3 (Day) 1913 (Year)
8. AGE: Years 32 Months 3 Days 7 If less than one day hr. min.
9. Birthplace Hazelton (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farm Work
11. Industry or Business
FATHER
12. Name Dave Sullins
13. Birthplace Texas Co. Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ordie Green
15. Birthplace Jerley Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Mae Harler
(b) Address Rolla Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation Graddock Cem
18. (a) Signature of funeral director Smith & Ferguson
(b) Address Licking Mo
19. (a) 11/6/45 (Date received local registrar) (b) Mrs Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10 year 1945 hour 1 minute 00 P.M.
21. I hereby certify that I attended the deceased from Oct 8, 1945, to Oct 10, 1945 that I last saw h alive on Oct 10, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured stomach	Duration
Due to	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] M.D. (or other)
Address Rolla, Mo. Date signed 10-29-45

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(Licensed Embalmer's Statement on Reverse Side)

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 Eubert E Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking 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.