No. 1
—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14097

Registration District No. 218 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:
(a) County PIKE
(b) City or town LOUISIANA, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: PIKE COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 DAYS (Specify whether years, months or days)
In this community

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

3. (a) PRINT FULL NAME CHARLES SULGROVE
3. (b) If veteran, name war ✓
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 MAGGIE SULGROVE
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 2 (Month) 24 (Day) 1861 (Year)

8. AGE: Years 85 Months Days 28 If less than one day hr. min.

9. Birthplace RALLS COUNTY (City, town, or county) MO (State or foreign country)
10. Usual occupation FARMER
11. Industry or business ✓
MOTHER FATHER
12. Name ELIZA SULGROVE
13. Birthplace RALLS COUNTY (City, town, or county) MO (State or foreign country)
14. Maiden name LEVINA WILSON
15. Birthplace RALLS COUNTY (City, town, or county) MO (State or foreign country)
16. (a) Informant MRS. GEORGE THOMPSON
(b) Address VANDALIA, MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation VANDALIA CEMETARY
18. (a) Signature of funeral director Glen E. Smith
(b) Address Vandalia, Mo
19. (a) (Date received local registrar) (b) Margaret E. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1946 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from 2/22, 1946, to 3/21, 1946, that I last saw him alive on 3/21, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	1 year
Due to: Fracture of Left Hip	1 month
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 Thos. L. Dwyer, M.D. (M. D. ~~coroner~~)
Address Vandalia, Mo. Date signed 3/23/46

M.T. 3/24/46 255 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-46-866
Date Filed APR-2-2-1946

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 Clyde L. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.

No. 2B
M—3-45
I X43880

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 278 Primary Registration District No. 2054 Registrar's No. J

1. PLACE OF DEATH:

(a) County Pike.

(b) City or town Louisiana
(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)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles Sulgrove

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 Wid

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 2 (Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 28 Hours Minutes Under one day hr. min.

9. Birthplace MO
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	1 yr
Due to Fractured L. Hip.	1 month
Became dizzy while crossing	
Due to the street and fell	
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) accident

(b) Date of occurrence 2/22/46

(c) Where did injury occur? Vandalia, Audrain, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Paved Street (Specify type of place)

While at work? No (e) Means of injury fell

23. Signature Thos. L. Swyger, M.D. (M. D. or other)

Address Vandalia, Mo. Date signed 4/29/46

SUPPLEMENTARY

1/6/39

13000 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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