

13092
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STANDARD CERTIFICATE OF DEATH

State File No. 14192

Registration District No. 901

Primary Registration District No. 4450

Registrar's No. 2119

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Doniphan,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: at home /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community life /
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley 91

(c) City or town Doniphan /
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Vita Richmond Sullinger

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 8,
year 1946, hour 5 minute 50, A.M.

21. I hereby certify that I attended the deceased from
March 23, 1946, to April 8, 1946,
that I last saw her alive on April 8, 1946,
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. (b) Name of husband or wife J.B. Sullinger

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 23 1886
(Month) (Day) (Year)

Immediate cause of death Cancer of lung
(Primary)

Duration _____

8. AGE: Years Months Days If less than one day

59 11 8 hr. _____ min.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name L.A. Harper

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Donaldson

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

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant J.B. Sullinger

(b) Address Doniphan, Mo.

17. (a) burial (b) Date thereof 4-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak-Ridge Cemetery

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? _____

18. (a) Signature of funeral director J.B. Jordan

(b) Address Doniphan, Mo.

19. (a) 4-12-46 (b) E.B. Johnston
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature E.B. Johnston (M. D. or other)
Address Doniphan, Mo. Date signed 4-12-46

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 *J. E. Jordan*
Licensed Embalmer No. 32001
P. O. Address *Rosiphon*

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.

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