

No. 2
1-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23615

State File No.

Registrar's No. 212

Registration District No. 33

Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
21 South Hanover
(If not in hospital or institution, write street number or location)

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

In this community 40 years
years, months or days

3. (a) PRINT FULL NAME Marcella Ann Sullenger

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife L.L. Sullenger

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

7. Birth date of deceased Sept. 3, 1862
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 26
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ben Lincecum

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

14. Maiden name Elizabeth Lincecum
(City, town, or county) (State or foreign country)

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

16. (a) Informant C.V. Sullenger

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 7/1/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director L.L. Hanover

(b) Address Cape Girardeau, Mo.

19. (a) 7-9-1947 (b) C. G. Summer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. 21 South Hanover
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1947 hour 1 minute 30 P.A.M.

21. I hereby certify that I attended the deceased 29
June, 1947, to _____, 1947;
that I last saw h. er alive on June 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 20 min.

Due to _____

Due to _____

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

Major findings:
Of operations 947

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Charles F. Wilson (M. D. or other) MD.

Address 727 Broadway Date signed 7-5-47

RECEIVED

District Health Officer No. 4
District File Number 747-92
Date Filed 7-19-47

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 William Lee Thomas

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, 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.