No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25911

Registration District No. 116 — Primary Registration District No. 3020 — Registrar's No. 114

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 201 W 4th St.
(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: 74 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Franklin
(c) City or town: Washington
(If outside city or town limits, write "RURAL")
(d) Street No.: 201 W 4th St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: none

3. (a) PRINT FULL NAME: ANNA SULLENTRUP
3. (b) If veteran, name war: No.
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: J. William Sullentrup
6. (c) Age of husband or wife if alive: 85 years
7. Birth date of deceased: April (Month) 17 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	4	13	— hr. ..... min.

9. Birthplace: Washington (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: —
FATHER
12. Name: Fred Peters
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Katherine Kleinhuder
15. Birthplace: Franklin Co. (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Mr. Geo. J. Sullentrup
(b) Address: Washington Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Mo.
18. (a) Signature of funeral director: Otto & Co.
(b) Address: Washington Mo.
19. (a) Sept 1 1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 30 year: 1948 hour: 11 minute: 45 P. M.
21. I hereby certify that I attended the deceased from April 4, 1948 to Aug. 30, 1948 that I last saw her alive on ....., 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of sigmoid colon	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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) M.D.
Address: Washington Mo. Date signed: 9-1-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 8 - 1948

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 Maurice H. Willebrinks

Licensed Embalmer No. 4514

P. O. Address Washington, Missouri

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.