

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 24 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Marion Primary Registration District No. 3029
City Hannibal (No. St. Elizabeth Hospital)

48487

File No.
Registered No. 181 St. Ward)

2. FULL NAME Baby Sunderlik

(a) Residence, No. Glascow Mo. St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Stillborn - - -

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo.

MOTHER FATHER
13. NAME Joseph Sunderlik

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glascow

MOTHER FATHER
15. MAIDEN NAME Myrtle Northcutt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glascow Mo.

17. INFORMANT Mrs. Joseph Sunderlik (ADDRESS) Glascow Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 6/23/36

19. UNDERTAKER James A. Squire (ADDRESS) Hannibal Mo.

20. FILED June 23, 1936 W. O. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Spontaneous
Imparation
Estimated 3 to 4 mg
Other contributory causes of importance: gouty arthritis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) W. O. Fisher
(Address) Hannibal Mo.

MEMORANDUM FOR THE DIRECTOR, FBI

DATE: 10/15/54

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

[Illegible text follows]

RE: [Illegible]

[Illegible text follows]