

REC'D JUL 25 1938

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

22389

Do not use this space.

## 1. PLACE OF DEATH

(a) County Marion Registration District No. 542  
(b) Township Jackson Primary Registration District No. 5731 Registered No. 11  
(c) City ..... (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Barbara Sudheimer 356

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1860

7. AGE YEARS 78 MONTHS 1 DAYS 3 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Housekeeper

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April - 1938 11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co., Mo.

13. NAME Abe Vanderpool

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

15. MAIDEN NAME Sheen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Alonzo James Niemo, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Burial DATE 6-27-38

19. FUNERAL DIRECTOR (ADDRESS) Union Burial

20. FILED 7/15 1938 Alonzo M. Sudheimer Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21 1938

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1938, to June 20, 1938

I last saw her alive on June 20, 1938. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Coronary occlusion Date of onset June 21-38

Other contributory causes of importance:

Cardiac enlargement - unknown  
Hardening of arteries - unknown

Name of operation ..... X Date of ..... X

What test confirmed diagnosis? ..... X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... X Date of injury ..... X, 19 X

Where did injury occur? ..... X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ..... X

Nature of injury ..... X

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Coronary Occlusion

(Signed) Donley Gates M. D.

(Address) Brinktown, Mo.

STATEMENT BY LICENSED EMBALMER

*M. C. Birmingham*

Licensed Embalmer No.

*3664*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

*me*

L. E.

No. or by

Registered Apprentice No.

working under my personal supervision.

Signed

*M. C. Birmingham*

Licensed Embalmer No.

*3664*

**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.)**