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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22130

Registration District No. 468 Primary Registration District No. 5629 Registrar's No. 13

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Rural Buck Prairie

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 47 yrs 11 15 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Rural

(If outside city or town limits, write "RURAL")

(d) Street No. 20

(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Tressie Sullivan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Leonard Sullivan

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

7. Birth date of deceased June (Month) 29 (Day) 1892 (Year)

8. AGE: Years 47 Months 11 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business 0

FATHER
12. Name P. A. Shockley
13. Birthplace Marys Co. Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Johnsine Ellen McGee
15. Birthplace Marys Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant Byron Sullivan

(b) Address Marionville, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 18 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Marionville

18. (a) Signature of funeral director Bradford Funeral Home

(b) Address Marionville

19. (a) June 18, 1940 (Date received local registrar) (b) Laura O. Cannady (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1940 hour 8 minute 15 a M.

21. I hereby certify that I attended the deceased from 6-10-40, 19 to 6-16-, 1940 that I last saw her alive on 6-16-, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis — Duration 3 hours

Due to 134 W

Due to

Other conditions Renal calculi (Include pregnancy within 3 months of death) arthritis

Major findings:
Of operations

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? 419 (Specify type of place)

While at work? (e) Means of injury

23. Signature R. L. Laney (M. D. [illegible]er)

Address Marionville Date signed 6-18-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 740. 2307,
Date Filed JUL 9 1940

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 Susan Bradford

Licensed Embalmer No. 12304

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.