

SEP 19 1940
AUG 19 1940

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Sullivan, Mo. Rout 1,
(c) Name of hospital or institution: At Home
Meramec
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community All her life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin
(c) City or town Sullivan rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1940 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from August 1 to August 2, 1940,
that I last saw her alive on 8/1/40, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
mitral stenosis

Duration
1935
1939

Due to Mitral

Due to

Other conditions
(include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None

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? 933 (Specify type of place) _____
(or) Means of injury

23. Signature L. K. Marshall
Address Sullivan Mo. Date signed 8/5/40

3. (a) PRINT FULL NAME Ellen Kluba, 410

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jacob Kluba, 6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased Feb. 6th. 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 5 26 _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name John Collins

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

14. Maiden name Mary Roach,

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

16. (a) Informant Mary Kluba,

(b) Address Sullivan, Mo.

17. (a) Burial (b) Date thereof Aug. 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director J. Williams

(b) Address Sullivan, Mo.

19. (a) 8/3-1940 (b) C. A. Doster
(Date received local registrar) (Registrar's signature)

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

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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.....

J.T. Williams,

....., Registered Apprentice No.....

working under my personal supervision.

Signed

J.T. Williams

Licensed Embalmer No. 427

P. O. Address Sullivan, 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, above space should be left blank.