No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43033

Registration District No. 470 Primary Registration District No. 4283 Registrar's No. 154

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X 2
In this community About 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Mt Vernon
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME Mrs Maggie Sullivan
3. (b) If veteran, name war X
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 J B Sullivan
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased April (Month) 15th (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
60	7	19	hr. min.

9. Birthplace Tenn (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business X
12. FATHER Name Pleasant N. Fortner
13. FATHER Birthplace Tenn (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Marguerite Thompson
15. MOTHER Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant J. D. Sullivan
(b) Address Mt Vernon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6th 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Shiloh Cemetary
18. (a) Signature of funeral director George B Ads
(b) Address Mt Vernon Mo
19. (a) 12-5-1940 (Date received local registrar) (b) P. A. HOLMES (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4th year 1940 hour 1:30 minute P M.
21. I hereby certify that I attended the deceased from Nov. 29, 1940, to Dec 4, 1940, that I last saw her alive on Dec 4, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Edema	3 da.
Due to Chr. Myocarditis + Hypertension	5 yrs
Due to Post-Apoplectic	5 yrs ago.

Other conditions (Include pregnancy within 3 months of death)
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Kenneth Glover M.D. (M. D. another)
Address Mt Vernon, Mo Date signed 12/1/40

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICER,
Special Agent, Bureau of the Census
OZARK, MISSOURI

RECEIVED
District Health Officer No. 6,
District File Number 141-58
Date Filed JAN 8 1941

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 George B Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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, fact should be so stated above.