

JAN 25 1941

Registration District No. 750

Primary Registration District No. 5985-5990 Registrar's No. 1719

1. PLACE OF DEATH: Ripley

(a) County Ripley

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

(c) Name of hospital or institution: 3 mi S of Only
(If not in hospital or institution, write street number or location)

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

In this community Life _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley

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

(d) Street No. 3 mi S of Only
(If rural, give location)

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

3. (a) PRINT FULL NAME NANCY PARTHENE SULLIVAN

3. (b) If veteran, name war _____

3. (c) Social Security No. 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29
year 1940 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from 12-20-1940 to 12-29-1940;
that I last saw her alive on 12-29-1940;
and that death occurred on the date and hour stated above.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct 5 1887
(Month) (Day) (Year)

Immediate cause of death Streptococcus low mouth and throat

Due to Streptococcus infection

Duration 5 days

Other conditions 1150
(Include pregnancy within 8 months of death)

8. AGE: Years 53 Months 2 Days 24
If less than one day _____ hr. _____ min.

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

10. Usual occupation house work

11. Industry or business _____

12. Name John F. Sullivan

13. Birthplace Ripley Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mc Lee

15. Birthplace Ripley Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Sullivan

(b) Address Daniphan

17. (a) Burial (b) Date thereof 12-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Minnie Leah

(b) Address _____

19. (a) 12-30-1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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? at home

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. Edgar Adamson (M. D. initials)
Address Daniphan, Mo. Date signed _____

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

File # 1412 119

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.....

Licensed Embalmer No.....

P. O. Address.....

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.