

JAN 6 1942 47

Registration District No. \_\_\_\_\_

Primary Registration District No. 4027

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Adrian  
(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 \_\_\_\_\_ (Specify whether)

In this community 69 years  
years, months or days

3. (a) PRINT FULL NAME Henry Eli Sullins

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M ( ) 5. Color or race W

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

6. (b) Name of husband or wife Nora Thomas

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Oct 8 1872  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>2</u>	<u>11</u>	hr. min.

9. Birthplace Bates Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Eli Sullins

13. Birthplace not known Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Susan McDaniel

15. Birthplace not known Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lynetta G. Fortsch

(b) Address Adrian Mo.

17. (a) Burial (b) Date thereof 12-21-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Hill, Bates

18. (a) Signature of funeral director Wesley and Dix

(b) Address Adrian

19. (a) Wesley (b) Ethel C. Stephens  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7

(c) City or town Adrian 0  
(If outside city or town limit, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1941 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to Jan 8, 1941;

that I last saw him alive on Dec 16, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral infarction

Colon, prostatic and vesicular

Due to exhaustion

Due to H69

Other conditions (Include pregnancy within 3 months of death)

Major findings: Cholerae rotator

Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

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

23. Signature E. E. Robinson (M. D. or other)

Address Adrian Mo Date signed 12-19-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

700

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2081

Date Filed 1-5-42

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 and

Fred J. Leveath # 3343, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed [Signature]

Licensed Embalmer No. 3650

P. O. Address Adrian 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.