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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

7390

State File No. 33

FILED MAR 16 1942  
Registration District No. 8

Primary Registration District No. 4579

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Wentworth  
(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 8 years  
(Specify whether years, months or days)

In this community 8 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Wentworth  
(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.? 1 years.

3. (a) PRINT FULL NAME Mary Sullivan

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. X

4. Sex F 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 1863 years

7. Birth date of deceased June 30 (Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 28 If less than one day hr. min.

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

10. Usual occupation Retired Housewife

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

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Effie Gorman

(b) Address Wentworth Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-42 (Month) (Day) (Year)

(c) Place: burial or cremation St. Agnes Cem.

18. (a) Signature of funeral director [Signature]

(b) Address Pierce City Mo.

19. (a) Feb. 2, 42 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1942 hour 3 minute P M.

21. I hereby certify that I attended the deceased from Feb. 27, 1942, to 19 ; that I last saw her alive on Feb 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac dilatation Duration 7 1/2 hrs

Due to Myocarditis 6 yrs

Due to \_\_\_\_\_

Other conditions None 930  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration

6 yrs

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) None

(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? No

While at work? No (Specify type of place) (a) Means of injury No

23. Signature [Signature] (M. D. or other) Address Pierce City Date signed 3/1/42

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

73  
80

RECEIVED

District Health Officer No. 6,

District File Number 342-348

Date Filed MAR 12 1942

**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.....

*me*

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

working under my personal supervision.

Signed

*Walter O. Heiney*

..... Licensed Embalmer No. 3822.....

..... P. O. Address Peru City.....

**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.