

Registration District No. 542

Primary Registration District No. 5731

Registrar's No. 53

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Rural - Jackson Township
(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 1
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mrs Cora A Sudheimer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Hugh A Sudheimer 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Jan. 21 1891
(Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name J. H. Martin

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

14. Maiden name Mary Jennings

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

16. (a) Informant Husband
(b) Address Marion Co.

17. (a) Burial (b) Date thereof 4/14/92
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hughes Chapel

18. (a) Signature of funeral director Arthur T. Smith
(b) Address Rolla Mo.

19. (a) April 13/92 Elena Bassett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Marion 063

(c) City or town Rural
(If outside city or town limits, write "RURAL") 0

(d) Street No. Jackson Township
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th
year 1942 hour 1 minute 100 P. M.

21. I hereby certify that I attended the deceased from April 12 1942 to April 12 1942
that I last saw her alive on April 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death diplegia Duration 6 hr.

Due to hypertension unknown

Due to _____

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy 102r

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? _____ (Specify type of place)
(e) Means of injury ✓

23. Signature Donley Gates (M. D. or other) D.O.
Address Brinktown Date signed 4/12/92

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23-42

APR 23 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~~ _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Wm. W. McDonald
Licensed Embalmer No. 3806
P. O. Address Salem, 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.