

Registration District No. 208

Primary Registration District No. 5761

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Palmyra Mo.  
(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 Lifetime (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Charlotte W. Sullivan

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 9  
6. (b) Name of husband or wife R.L. Sullivan (Dec.) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 10-13-1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 2 7 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Wife

11. Industry or business XXXXXXXXXXXXXXXXXXXXXXXXXXXX

12. Name Richard Small White \_\_\_\_\_

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

14. Maiden name Emily Sterling Fagan

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

16. (a) Informant Hazel S. White

(b) Address Palmyra Mo.

17. (a) 1-4-43 (b) Date thereof 12-22-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetary

18. (a) Signature of funeral director A. M. Sprague

(b) Address Palmyra Mo.

19. (a) 1-4-43 (b) Ms. Margaret Maddox  
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Palmyra  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20  
year 1942 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from Dec 2 '42  
\_\_\_\_\_ 19 \_\_\_\_\_ to Dec 20 19 42  
that I last saw him alive on Dec 19 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death lobular pneumonia (Hypertensive cerebral hemorrhage)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 107  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature J. W. Well (M. D. or other) \_\_\_\_\_  
Address Palmyra Mo. Date signed 12/21/42

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

MOTHER FATHER

1145

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**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.....

*A. M. Sprague*

Licensed Embalmer No.....

*999*

P. O. Address.....

*Palmyra Gro*

**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.**