

FILED JUN 11 1943

Registration District No. 14

Primary Registration District No. 5432

1. PLACE OF DEATH:

(a) County FRANKLIN  
(b) City or town SULLIVAN (RURAL)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Meramec Inn  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 26 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Sullivan (RURAL)  
(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.

8. (a) PRINT FULL NAME MARJORIE RUTH SCHATZ

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

4. Sex Female 6. Color of race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur Schatz 6. (c) Age of husband or wife If alive 33 years

7. Birth date of deceased March 20, 1917  
(Month) (Day) (Year)

8. AGE: Years 26 Months 2 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Perry Tutterow

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

14. Maiden name Calumet Woodward  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Perry Tutterow

(b) Address Sullivan, Missouri

17. (a) Burial (b) Date thereof June 2, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanton

18. (a) Signature of funeral director Wm. F. Schaffer

(b) Address Sullivan, Missouri

19. (a) June 2, 1943 (b) Gilbert Sullivan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1943 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from May 25th, 1943, to May 31st, 1943, that I last saw her alive on May 31, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis. Duration \_\_\_\_\_

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

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

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

Major findings: No operation Of operations \_\_\_\_\_

Of autopsy None made

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 Samuel A. Barnard (M. D. or other) M. D.  
Address Sullivan Date signed 6/1/43

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

36  
0

36  
0

36  
1

JUN 17 1943

JUN 18 1943

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

*Edgar W. Lefford*

Licensed Embalmer No.

*3394*

P. O. Address

*Sullivan, 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.