

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

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Clarkton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Maudie Lou Sullinger

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife J.H. 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Apr. 30-1878  
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

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

12. Name Francis M. Shuffelbarger

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

14. Maiden name Francis Holloway

15. Birthplace Ill. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant J.H. Sullinger

(b) Address Clarkton Mo

17. (a) Burial (b) Date thereof 3-21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden Mo

18. (a) Signature of funeral director H.L. Craig

(b) Address Malden Mo

19. (a) March 21, 1944 (b) LaDonne Dunn  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin  
(c) City or town Clarkton 35  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19  
year 1944 hour 10 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from March 15<sup>th</sup> 1944 to March 18, 1944  
that I last saw her alive on March 18, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death uremic poisoning with respiratory failure. Duration \_\_\_\_\_

Due to Uremic poisoning incident to cerebral hemorrhage in 1939,

Due to hemorrhage in 1939, & urinary retention (partial)

Other conditions hemiplegia of left side since 1939  
(Include pregnancy within 3 months of death)  
Major findings of operations none done PHYSICIAN \_\_\_\_\_

Of autopsy none done 3/18  
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) no  
(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) Means of injury \_\_\_\_\_

23. Signature John G. Hansen (M. D. or other) MO  
Address Clarkton, Mo. Date signed 3-21-44

1247

RECEIVED

District Health Office No. 2,

District File Number 444-626

Date Filed 4-12-44

MAY 8 1944

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**