

FILED SEP 13 1945

Registration District No. 374

Primary Registration District No. 6273

Registrar's No.

1. PLACE OF DEATH:

(a) County at birth
(b) City or town Platchell
(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
In this community 48 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Susanna Katherine Stull

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

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

6. (b) Name of husband or wife Alex Stull 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Sept. 1863 (Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Allen Sumner

13. Birthplace Mercer Co. W. V. (City, town, or county) (State or foreign country)

14. Maiden name Samia Peters

15. Birthplace Mercer Co. W. V. (City, town, or county) (State or foreign country)

16. (a) Informant Vera Stull

(b) Address Grant City, Mo.

17. (a) Burial (b) Date thereof 8-13-45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant City Cem.

18. (a) Signature of funeral director John C. Burpee

(b) Address Grant City, Mo.

19. (a) Sept. 4 1945 (b) Mayme Buchanan (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

State mo (b) County Worth

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

(d) Street No. Grant City (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 11 year 1945 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from April 10 to 8-11 1945. that I last saw her alive on 8-10 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regeneration + Hypertension

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 on or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature John C. Burpee (M. D. or other)

Address Grant City, Mo. Date signed 8-12-45

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

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.....

Arch C. Dumble

Licensed Embalmer No.

3652

P. O. Address.....

Lancaster City, Md

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.