

FILED JAN 4 1946

Registration District No. _____

Primary Registration District No. 4186

Registrar's No. 46

1. PLACE OF DEATH:

(a) County FRANKLIN

(b) City or town SULLIVAN

(c) Name of hospital or institution: NORTHSIDE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 HOURS.
(Specify whether _____)

In this community Life
years, months or days

3. (a) PRINT FULL NAME HOMER E. McEuen

3. (b) If veteran, name war NO

3. (c) Social Security No. 498-01-8980

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie McEuen

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased May 9 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>7</u>		hr. _____ min.

9. Birthplace CLINTON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Restauranter

11. Industry or business Restaurant

12. Name James F. McEuen

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

14. Maiden name Genevieve P. F. Sullivan

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

16. (a) Informant's own signature Nellie McEuen

(b) Address Sullivan, Missouri.

17. (a) Burial (b) Date thereof Dec 14 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. C. F. Sullivan Mo.

18. (a) Signature of funeral director Wm. P. Stoffer

(b) Address Sullivan, Missouri

19. (a) 12-13-45 (b) Chastar
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Sullivan
(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. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
year 1945 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Conflagration

Due to Explosion while starting fire in stove.

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration

3 hours

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) Accident

(b) Date of occurrence December 9, 1945.

(c) Where did injury occur? Sullivan Franklin Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Restaurant.

While at work? Yes. (Specify type of place) (e) Means of injury Conflagration

23. Signature E. H. Ottman Coronator (M.D. or other) _____

Address Union, Missouri Date signed 12/10

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed.....

1-2-46

APR 22 1946

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. Liffow

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.