V. S. No. 2
100M—8-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22904

State File No.

FILED AUG 8 1946

Registration District No. 17 Primary Registration District No. 3008 Registrar's No. 956

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

21762

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital # 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 2 months 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Camden

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

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

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

If yes, name country

3. (a) PRINT FULL NAME REATHA - SULLIVAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Ed. Sullivan

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

7. Birth date of deceased Sept (Month) 19 (Day) 1909 (Year)

8. AGE: Years 36 Months 9 Days 12 If less than one day hr. min.

9. Birthplace Hyde Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ed Page
13. Birthplace DK (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lilly Harden
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Records

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13 - 46 (Month) (Day) (Year)

(c) Place: burial or cremation Green Ridge Cem

18. (a) Signature of funeral director Bankson & Woolery

(b) Address Camdenton - Mo

19. (a) July 12-46 (Date received local registrar) (b) Josie Marsinekhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1946 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 3, 1946, to July 8, 1946, that I last saw her alive on July 8, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: coronary occlusion	5 hours
Due to: Luetic aortitis, myocarditis	5 years
Due to	
Other conditions: Luetic meningo encephalitis (Include pregnancy within 3 months of death)	3 yrs

Major findings:
Of operations
Of autopsy 30d

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 in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph Imperatrice (M. D. or other) M.D.

Address State Hospital Date signed July 8/46

20 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number 8-46-26
Date Filed 8-2-46

NOV 27 1948

SEP 12 1946

SEP 12 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 Abbie Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camdenton, 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, fact should be so stated above.