

S. No. 2
M-5-43
7. 5-17-39
I X36671

State File No.

FILED NOV 13 1946

Registration District No. 105

Primary Registration District No. 5419

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Clarkton

(c) Name of hospital or institution:
gen. del.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether)

In this community ukn
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME James W. Sullenger

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

4. Sex male 0 5. Color or race white

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Maud Sullenger

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

7. Birth date of deceased Nov 21 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 14
1946, 19____, to Oct. 14, 1946

that I last saw him alive on Oct. 14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

8. AGE: Years Months Days If less than one day

84 10 23 hr. ____ min.

Due to arteriosclerotic Hypertension & Hypertensive Heart Disease

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

9. Birthplace ukn. Ken. /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business none

MOTHER FATHER { 12. Name unknown 9

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

{ 14. Maiden name unknown 9

{ 15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

Major findings:
Of operations 930

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Tom Sullenger

(b) Address Baderville, Mo.

17. (a) Burial (b) Date thereof 10-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosewood Cemetery

18. (a) Signature of funeral director Day Funeral Home

(b) Address Malden, Mo.

19. (a) 10-30-46 (b) Frederick J. ...
(Date received local registrar) (Registrar's signature)

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 plate) (c) Means of injury 0

23. Signature J. S. Napkin (M. D. _____)

Address Quilley, Mo. Date signed 10-22-46

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

RECEIVED

District Health Office No. 2,

District File Number 1146-1296

Date Filed 11-7-46

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 J. S. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden, 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.