

FILED OCT 16 1946

Registration District No. 213

Primary Registration District No. 5781

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Brunley
(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 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller 66
(c) City or town Brunley
(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 NANCY JANE SULLIVAN

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

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

6. (b) Name of husband or wife Harrison Sullivan 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. 20 1858
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days If less than one day hr. min.

9. Birthplace Sharon, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

MOTHER FATHER
11. Industry or business
12. Name Peter Lupardus
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Keyser
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Bert Sullivan

(b) Address Brunley Mo

17. (a) Burial (b) Date thereof 10-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nurgan, Mo

18. (a) Signature of funeral director C & Casey
(b) Address Abria, Mo

19. (a) Oct 4, 1946 (b) Mrs. C. R. Hawkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1
year 1946 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from
Sept. 7 1946 to Oct 1 1946
that I last saw her alive on Sept. 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis 10 years

Due to

Due to 196 A
B

Other conditions Severe injury due to fall
(Include pregnancy within 3 months of death) Ribs
Cervical Spine 25 days

Major findings:
Of operations None
Of autopsy None
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 66

(b) Date of occurrence Sept. 5, 1946

(c) Where did injury occur? Brunley Miller Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home on back porch steps
While at work? (Specify type of place) (e) Means of injury 2

23. Signature Myron D Jones (M. D. or other) MD

Address Brunley Mo Date signed 10/4/46

Date Filed 10-7-46

District File Number

District Health Officer No. 9,

RECEIVED

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 Loran L. Adams

Licensed Embalmer No. 4207

P. O. Address Berria, 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.