

FILED JAN 18 1947
290
Registration District No. _____

Primary Registration District No. 4430

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Crocker, Mo.
(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 34 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Crocker, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eva Theresa Sullins

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 Widow

6. (b) Name of husband or wife Bert Sullins 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 13 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 2 19 hr. min.

9. Birthplace Maties Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Own home

MOTHER FATHER

12. Name John Breeden

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

14. Maiden name Cordelia Rowden

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

16. (a) Informant Raymond Sullins

(b) Address Crocker, Mo.

17. (a) Burial (b) Date thereof 12/5/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Cem.

18. (a) Signature of funeral director J. L. HOOPS & SONS.

(b) Address Crocker, Mo.

19. (a) 1-2-47 (b) Louise B. McClintock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2
year 1946 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 2 1946 to Dec 2 1946;
that I last saw her alive on Dec 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Chronic Myocarditis (Endocarditis)

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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 place)
(e) Means of injury _____

23. Signature John P. Michalovich M. D. or other D.O.
Address Crocker, Mo. Date signed 12-7-46

Duration

immediate

5 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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 Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Grecker, 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.