

FILED MAR 21 1947

Registration District No. _____

Primary Registration District No. 5880

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Linn, Mo. R D.

(c) Name of hospital or institution: At Home

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

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

In this community 20 years (Specify whether _____)

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Osage ⁷⁶

(c) City or town Linn ^{R. 103}

(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) ⁰

(e) Citizen of foreign country? _____ (Yes or No) ⁰

If yes, name country _____

3. (a) PRINT FULL NAME Clara Belle Sullens

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 Divorced

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

7. Birth date of deceased Aug 12th, 1890

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>6</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Linn Creek, Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Jim Burgas

13. Birthplace Unknown

(City, town, or county) (State or foreign country)

14. Maiden name Betty Blue

15. Birthplace Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant Cecil Sullens

(b) Address Linn, Mo. R D.

17. (a) Burial (b) Date thereof 3/13/47

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linn, Mo.

18. (a) Signature of funeral director Cecil Sullens

(b) Address Linn, Mo.

19. (a) 3-12-47 (b) [Signature]

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 11

year 1947 hour 4 minute 2 A.M.

21. I hereby certify that I attended the deceased from Mar 1

1947 to Mar 8 1947

that I last saw her alive on Mar 8 1947

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Syphilitic Aortitis

Due to _____

Due to _____

Other conditions (Include pregnancy within 5 months of death) _____

Major findings: Of operations 30D

Of autopsy _____

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? _____

While at work _____ (Specify type of place) _____ (c) Means of injury _____

23. Signature [Signature] (M. D. or other) 20

Address Linn Date signed 3-11-47

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

MOTHER FATHER

235

JUN 19 1947

Date Filed
District File Number 3/20/47
District Health Officer No. 9,

RECEIVED
JUN 17 1947

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 Vernon M. Morton

Licensed Embalmer No. 4125

P.O. Address Senio

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.