

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 21 1947

Registration District No. 68

Primary Registration District No. 4119

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Christian Mo.

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

(c) Name of hospital or institution:
no street No. 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 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

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

(d) Street No. None
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country No.

3. (a) PRINT FULL NAME Sarah M. Kessinger

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

4. Sex F, 1 5. Color or race W.

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

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

7. Birth date of deceased April 16 1865
(Month) (Day) (Year)

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

77 9 22 hr. min.

9. Birthplace Taney County Mo.
(City, town or county) (State or foreign country)

10. Usual occupation House Keeper

MOTHER FATHER

11. Industry or business _____

12. Name James Sulligan

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

14. Maiden name Louise Curtis
(City, town, or county) (State or foreign country)

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

16. (a) Informant Jim Kessinger

(b) Address Ozark Mo.

17. (a) Burial (b) Date thereof Feb 10 47
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Cemetery

18. (a) Signature of funeral director T. B. Chabon

(b) Address Ozark Mo.

19. (a) Feb 14 1947 (b) Lettle Leonard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1947 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from Feb. 4 1947, to Feb. 8th 1947, that I last saw him alive on Feb. 8th 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic soft side

Due to _____

Due to _____

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

Major findings: Of operations g 3 D

Of autopsy _____

Duration _____

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) (e) Means of injury 0

23. Signature J. J. Wade (M. D. or other) _____
Address Ozark Mo. Date signed 2-3-47

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

22
0
0

22
0
0

59

RECEIVED

District Health Officer No. 6;

District File Number 447-423

Date Filed APR 16 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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.