

FILED APR 28 1947

Registration District No. **292**

Primary Registration District No. **5999**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Ralls**
(b) City or town **Rural - R.R. #1**
(c) Name of hospital or institution
New London
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. year, months or days)

3. (a) PRINT FULL NAME **Margaret Jane Sunderland**

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 **widowed**
6. (b) Name of husband or wife **J.M. Sunderland**
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased **February 8 1856**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 1 23 - hr. - min.

9. Birthplace **Lewis county Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name **George Burnett**
13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Stowell**
15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hugh F. Lawrence**
(b) Address **R.R. #1, New London, Mo.**
17. (a) **Burial** (b) Date thereof **April 2, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Barkley Cemetery**

18. (a) Signature of funeral director **Roy O. Schryver**
(b) Address **1020 Broadway, Hannibal, Mo.**
19. (a) **3/31/49** (b) **Clyde E. Winters**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ralls**
(c) City or town **Rural**
(If outside city or town limits write "RURAL")
(d) Street No. **R.R. #1, New London**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **31**
year **1947** hour **9** minute **-** P. M.

21. I hereby certify that I attended the deceased from **March 21**
21, 19**47**, to **March 31**, 19**47**
that I last saw her alive on **March 30**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis (Chronic)** **2 yrs**
Due to **unknown**
Due to **unknown**

Other conditions **None**
(Include pregnancy within 3 months of death)

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)
(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 **2**
23. Signature **C. H. Brooks** (M. D. or other) **Dr.**
Address **Center, Mo.** Date signed **4/1/47**

RECEIVED
District Health Officer No. 10
District File Number 447-219
APR 25 1947
Date

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.....

Licensed Embalmer No.....

P. O. Address.....

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.