U.S. No. 2
1/47
-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 8 1947

Registration District No. 632

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33493

Primary Registration District No. 6193

Registrar's No. 26

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

1. PLACE OF DEATH:
(a) County Taney Co.
(b) City or town Nathusk Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 most of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Taney
(c) City or town Hollister
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? U.S.A. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sara V. Sullins
3. (b) If veteran, name war NV
3. (c) Social Security No. none

4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife S.W. Sullins
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Dec. (Month) 17 (Day) 1878 (Year)

8. AGE: Years 68 Months 10 Days If less than one day ..... hr. ..... min.

9. Birthplace Graff Mo. (City, town, or county) Wright, Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Crewes
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) ..... (State or foreign country)
16. (a) Informant S. W. Sullins
(b) Address 4038 Michigan K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation Gobblers Knob
18. (a) Signature of funeral director R. O. Whelchel
(b) Address Branson Mo.
19. (a) 9-29-47 (Date received local registrar) (b) S. E. Cogswell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14th year 1947 hour 4:00 minute A. M.
21. I hereby certify that I attended the deceased from July 1st, 1947, to Sept 14, 1947; that I last saw her alive on Sept 1st, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	3 mo
Due to Don't Know	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Harry T. Evans (M. D. or other) M.D.
Address Branson, Mo. Date signed 9/15/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 947-990
Date Filed SEP 30 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 Maurice L. Whelahel

Licensed Embalmer No. 2277

P. O. Address Bronson Me

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.