S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38721

Registration District No. 157 Primary Registration District No. 5-5-8-7-4247 Registrar's No. 229

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution East Grand Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Jasper 0
(If outside city or town limits, write "RURAL")
(d) Street No. East Grand Ave 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Christopher Sullens
3. (b) If veteran, name war None
3. (c) Social Security No. 500-05-4696

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Myrtle Sullens
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased March (Month) 16 (Day) 1876 (Year)

8. AGE: Years 71 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Cole Co. (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Real Estate
11. Industry or business Same
FATHER
12. Name J. F. Sullens
13. Birthplace Cole Co. (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Jane M. West
15. Birthplace Dade Co. (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Willis Sullens
(b) Address Jasper Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem.
18. (a) Signature of funeral director Chas. J. Teeter
(b) Address Jasper Mo.
19. (a) 11-5-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature) 12

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1947 hour minute 3-P- M.
21. I hereby certify that I attended the deceased from 1-1-1944
2 , 19 , to 10-29- , 1947;
that I last saw ~~[illegible]~~ alive on 10-29-47 , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular Heart disease	
Due to Cerebral Hemorrhage	3 yrs.
Due to arteriosclerosis	
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) 0
While at work? (e) Means of injury

23. Signature W. H. Knott M.D. (M. D. or other M.D.)
Address Jasper, Mo. Date signed 10-30-47

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

47-11-866

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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 Howard E Simpson

Licensed Embalmer No. 4288

P. O. Address Box 8 Jasper 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.