. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41212

FILED JAN 2 1948

Registration District No. 1976 Primary Registration District No. 3016 Registrar's No. 280

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 15 Min
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Osage 76
(c) City or town Linn 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. None
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lena B. Suellentrop
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife J. F. Suellentrop
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April 29, 1894 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	7	27	hr. min.

9. Birthplace Linn, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Ferdnand Boehm 0
13. Birthplace Rich Fountain, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Iven 0
15. Birthplace Loose Creek, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant J. F. Suellentrop
(b) Address Linn, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation Linn, Mo.
18. (a) Signature of funeral director Clyde Morton
(b) Address Linn, Mo.
19. (a) 12-26-47 (Date received local registrar) (b) R. P. Dorris MD. (Registrar's signature) 60 NR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1947 hour 11:00 minute A. M.
21. I hereby certify that I attended the deceased from June 1 1947 to Dec. 25 1947;
that I last saw her alive on Dec. 25 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Coronary Occlusion	
Due to Hypertensive Heart Disease	
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 0
23. Signature L. B. Klebba (M. D. or other)
Address Jefferson City, Mo. Date signed 2-26-47

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

RECEIVED
District Health Officer No. 9,
FEB 24 1958

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. H125

P. O. Address Linn

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.