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REV. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 31 1947

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 378

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

48
44
4

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Independence Sanitarium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days) 76 years

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 48
(If outside city or town limits, write "RURAL")

(d) Street No. 223 - South Liberty St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 48
If yes, name country _____

3. (a) PRINT FULL NAME SUSIE LORENZ SULLIVAN

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
year 1947 hour 10 minute 30 PM

21. I hereby certify that I attended the deceased from September 15, 1947, to December 13, 1947,
that I last saw her alive on December 3, 1947,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased: February 22, 1871
(Month) (Day) (Year)

Immediate cause of death: Coronary Sclerosis 4 mo

Due to: General arteriosclerosis

Due to: _____

Other conditions: Over weight
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>9</u>	<u>22</u>	-- hr. -- min.

Major findings: no operation

Of operations _____

Of autopsy no autopsy

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Retired

11. Industry or business Housewife

12. Name Laurence Fuhr

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

14. Maiden name Unknown

15. Birthplace St. Charles, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Sandhofer

(b) Address Spokane, Washington

17. (a) Burial (b) Date thereof 12-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

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? _____

18. (a) Signature of funeral director: at Mitchell

(b) Address 310-N. Main st., Independence

19. (a) 12-15-47 (b) Jan Craig
(Date received local registrar) (Registrar's signature)

23. Signature Ed Allen M.D.
Address Independence Date signed 12/16/47

(Licensed Embalmer's Statement on Reverse Side)

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.....

R. Alan Griffith

....., Registered Apprentice No. 451

working under my personal supervision.

Signed.....

Henry A. Mitchell

Licensed Embalmer No. 3925

P. O. Address Andep. 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.