

1. PLACE OF DEATH:

(a) County..... Buchanan
(b) City or town..... St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Josephs Hospita
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
(Specify whether
In this community..... 5 weeks
years, months or days)

3. (a) PRINT FULL NAME Ruby Helen Sullenger

3. (b) If veteran, name war..... none
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..... Donald Sullenger
6. (c) Age of husband or wife if alive..... 36 years
7. Birth date of deceased..... April 26 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 3 6 hr. min.

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

10. Usual occupation..... at home

11. Industry or business..... At home

12. Name..... Bert Scott

13. Birthplace..... Redding Iowa
(City, town, or county) (State or foreign country)

14. Maiden name..... Maud Baldock

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

16. (a) Informant..... Donald Sullenger

(b) Address..... Albany, Missouri

17. (a) removal (b) Date thereof..... 8/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Albany, Mo.

18. (a) Signature of funeral director..... Hector Quonan, Funeral Home

(b) Address..... St. Joseph, Mo.

19. (a) 8-9-48 (b) E. C. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 38
(c) City or town..... Albany
(If outside city or town limits, write "RURAL") 1
(d) Street No..... Albany, Mo.
(If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Aug. day..... 2nd.
year..... 1948 hour..... 4 minute..... 03 P.M.

21. I hereby certify that I attended the deceased from..... July 1 1948 to..... Aug 2 1948
that I last saw him..... or..... Aug 2 1948
and that death occurred on the date and hour stated above.

Immediate cause of death..... Sholethorax
circinial hernia

Due to..... Polio abscess

Due to..... Pneumonia related
abscess of lung

Other conditions..... 16
(Include pregnancy within 3 months of death)

Major findings: as above 1-7-6-48

Of operation.....

Of autopsy: as above 8-2-48

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)

(e) Means of injury.....

23. Signature..... H. C. Jenkins (M. D. or other)

Address..... St. Joseph, Mo. Date signed..... 8-2-48

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

MOTHER FATHER

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.....

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th, St. Joseph, 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.