No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26718

FILED AUG 23 1948

Registration District No. 1 46

Primary Registration District No. 3 826

Registrar's No. 2 48

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

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 6 days (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 11
(If outside city or town limits, write "RURAL")

(d) Street No. 2304 Scott 40
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Mattie Sullivant

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 7

6. (b) Name of husband or wife Dan Sullivant (deceased)

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

7. Birth date of deceased Oct. 17, 1870 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	10	2	hr. min.

9. Birthplace unknown, Tenn. (City, town, or county) (State or foreign country) 1

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Benton Whittaker
13. Birthplace unknown, Tenn. (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 1

16. (a) Informant Victor J. Sullivant
(b) Address 115 S. High, Sugar Creek, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Arkansas

18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Mo.

19. (a) 8-20-48 (Date received local registrar) (b) [signature] (Registrar's signature) 2541

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20
year 1948 hour 4:20 minute A M.

21. I hereby certify that I attended the deceased from Jan 24, 1948, to August 20, 1948
that I last saw her alive on August 19, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
1 Coronary Sclerosis	10 mo
2 Pernicious Anaemia	6 mo
3 Pleurisy c̄ Effusion	4 mo
Due to	
Due to	
Other conditions 9 1/0 (Include pregnancy within 3 months of death)	

Major findings:
Of operation No operation
Of autopsy No 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 C H Allen M.D. (M. D. or other)
Address Independence Mo Date signed 8/20/48

Jefferson City Printing Co.

(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 ~~Tom D. Markland~~, Registered Apprentice No. _____, working under my personal supervision.

Signed Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep. 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.