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3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 14 1948

Registration District No. 294

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 27360

Registrar's No. 232

1. PLACE OF DEATH:

(a) County: Randolph

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

(c) Name of hospital or institution: 461 E. Rollins
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Randolph

(c) City or town: Moberly
(If outside city or town limits, write "RURAL")

(d) Street No.: 461 E. Rollins
(If rural, give location)

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

3. (a) PRINT FULL NAME: Jennie Sullinger

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: John Sullinger

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

7. Birth date of deceased: Oct (Month) 19 (Day) 1868 (Year)

8. AGE: Years 80 | Months 10 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace: (City, town, or county) ____ (State or foreign country) Mo U

10. Usual occupation: At home

11. Industry or business: ____

FATHER
12. Name: Thomas Whitmore
13. Birthplace: (City, town, or county) ____ (State or foreign country) Mo U

MOTHER
14. Maiden name: Louisa Perkins
15. Birthplace: (City, town, or county) ____ (State or foreign country) Mo U

16. (a) Informant: John Sullinger
(b) Address: Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 8 48 (Month) (Day) (Year)
(c) Place: burial or cremation: Moberly

18. (a) Signature of funeral director: Mahan and Son
(b) Address: Moberly

19. (a) Sep 8 - 48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5th year 1948 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from 5-31-48, 19__, to 9-5-48, 19__; that I last saw him alive on 9-5-48, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN — Underline the cause to 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: E. T. Whitaker D.O. (M.D. or other)
Address: Moberly Mo Date signed 9-6-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9:48:16
Date Filed SEP 13 1948

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 Frank D. D. Hitt

Licensed Embalmer No. 3021

P. O. Address Moberly, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.