

FILED NOV 5 1948

Registration District No. 114

Primary Registration District No. 4186

Registrar's No. 86

1. PLACE OF DEATH: FRANKLIN SULLIVAN  
(a) County FRANKLIN  
(b) City or town SULLIVAN  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community life  
years, months or days

3. (a) PRINT FULL NAME MARY T. Post  
3. (b) If veteran, name war NO  
3. (c) Social Security No. now

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife John Post 6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased MAY 17 1866  
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace FRANKLIN MO (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name W. H. WOODRUFF

13. Birthplace FRANKLIN MO (City, town, or county) (State or foreign country)

14. Maiden name EMILIA ENLOE

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

16. (a) Informant John Post

(b) Address SULLIVAN - MO

17. (a) BURIAL (b) Date thereof 10-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BOONER CREEK CEMETERY

18. (a) Signature of funeral director Thos. P. Schaller

(b) Address SULLIVAN, MO

19. (a) 10-28-48 (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County FRANKLIN 36  
(c) City or town SULLIVAN 8  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? NO years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 25 year 1948 hour 6 minute P. P. M.

21. I hereby certify that I attended the deceased from September, 1947, to Oct 25, 1948.  
that I last saw her alive on Oct 25, 1948.  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 2 hrs.  
Due to hypertensive  
cardiovascular dis. yrs.  
Due to General arteriosclerosis  
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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. J. Sullivan (M. D. or other) kd.  
Address Sullivan, Mo. Date signed 10/26/48

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
NOV 4 1948  
Date Filed

**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 *Edgar W. Laffoon*  
Licensed Embalmer No. *3394*  
P. O. Address *Sullivan, 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.**