

**FILED** AUG 29 1946

State File No. ....

Registration District No. ....

Primary Registration District No. 4120

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Christian  
(b) City or town Clever  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. all of life  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Altha Sullivan

3. (b) If veteran, name war. no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. Jan. 14, 1869  
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name Talma Cantreall  
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

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

16. (a) Informant Earl Sullivan  
(b) Address Clever, Mo.

17. (a) burial (b) Date thereof Aug. 19, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wise Hill

18. (a) Signature of funeral director T.W. Maples  
(b) Address Clever, Mo.

19. (a) Aug 19, 1946 (b) Alline Dwyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18  
year 1946 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from Aug 16, 1946, to Aug 18, 1946;  
that I last saw her alive on Aug 15, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary occlusion Duration 3 days

Due to. Arterio-sclerotic cardio-renal disease

Due to.

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

Major findings: Of operations. 131A

Of autopsy.

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?.....  
(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 Charles A. Spence (M. D. or other) ME  
Address Billings, Missouri Date signed Aug 20, 46

RECEIVED

District Health Officer No. 6,

District File Number 846-888

Date Filed AUG 27 1946

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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 JW Maples  
Licensed Embalmer No. 2985  
P. O. Address Cleves 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.