

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3832

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

NOV 14 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2233 Lawn  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME William J. Sullivan 415  
3. (b) If veteran, name war No. 3. (c) Social Security No. 486-01-2958

20. DATE OF DEATH: Month 10-2-39 day \_\_\_\_\_  
year \_\_\_\_\_ hour 3 minute 05p. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife No Record 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 4, 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9:29  
\_\_\_\_\_, 1939, to 10.2, 1939;  
that I last saw him alive on 10-2-39, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 1 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_

9. Birthplace Fayetteville, Ohio  
(City, town, & county) (State or foreign country)

Due to Prostatic Hypertrophy  
Post-operative hemorrhage  
Due to \_\_\_\_\_

10. Usual occupation Traffic Manager, Armstrong

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business Cork & Insulation Co.

MOTHER FATHER { 12. Name Timothy Sullivan  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Lyons  
15. Birthplace Cincinnati, Ohio  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Major findings: Prostatic Hypertrophy  
Of operations \_\_\_\_\_  
Of autopsy Prostatic Hypertrophy  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Miss Margaret Sullivan  
(b) Address 2233 Lawn

22. If death was due to external cause, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

17. (a) Removal (b) Date thereof Oct 3, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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?

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

18. (a) Signature of funeral director Thomas J. Ford  
(b) Address 4316 Wood Ave  
19. (a) 10/2/39 (b) M. M. Grove  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
23. Signature Paul E. Deane (M. D. or other) \_\_\_\_\_  
Address 1103 Grand Date signed 10-3-39

WHILE FILLING IN USE WRITING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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

*Donald E. Jewell*

Licensed Embalmer No. ....

3775

P. O. Address

*R. P. Jewell*

**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, above space should be left blank.**