

DEC 22 1939
Registration District No. **398**

Primary Registration District No. **3019**

Registrar's No. **362**

1. PLACE OF DEATH:

(a) County Jackson **2**
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1508 N. Roland
(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

8. (a) PRINT FULL NAME LUCILLE SULLIVAN

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Fe 5. Color or race Col. 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Nov 28 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 0 hr. 0 min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER
12. Name Ghet Sullivan
13. Birthplace Independence Mo
(City, town, or county) (State or foreign country)
14. Maiden name Marjorie Nell Smith
15. Birthplace Nowata Okla
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ghet Sullivan
(b) Address 1508 N. Roland

17. (a) Burial (b) Date thereof 11-30-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Bury

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia

19. (a) 12-5-39 (b) J. L. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1508 N. Roland
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
year 1939 hour 4 minute 30 a. m.

21. I hereby certify that I attended the deceased from 11-28-39
4-30 am to 11-28-39 am, 1939
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Quies

Due to Stillborn

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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)
(a) Means of injury _____

23. Signature S. H. Grippin (M. D. or other) _____
Address 124 E. Maple Date signed 11-30-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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.