

WRITE PLAINLY—USE UNFADING 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1002

State File No. 5606
Registrar's No. 831

Registration District No. _____

Primary Registration District No. _____

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether _____)
In this community 18 years
years, months or days

3. (a) PRINT FULL NAME 413 THERESA SULLIVAN

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

4. Sex Fem 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Jan. 21, 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Theo. Meyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Ann Berting
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature R. Roy Fullerton
(b) Address 734 N. Prospect

17. (a) Burial (b) Date thereof 2-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Quinn & Tobin Co.
(b) Address 20 W. Lenwood

19. (a) Feb. 23, 1940 (b) M. M. Brown, cert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 734 N. Prospect
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20th
year 1940 hour 12 Noon minute _____ M.

21. I hereby certify that I attended the deceased from 2-5-40, 19____, to 2-20-40, 19____;

that I last saw her or alive on 2-20-40, 19____;

and that death occurred on the date and hour stated above.
Immediate cause of death Recent amputation of gangrenous inferior extremity, rt. Duration _____

Due to Diabetes mellitus 59

Due to _____

Other conditions Chronic passive congestion of liver; Gen. I. atherosclerosis; Brown atrophy of heart

(Include present within 3 months of death)
Major findings:
Of operations _____
Of autopsy See above

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 1

23. Signature W. H. De Maria MD (M. D. or other) _____
Supt. K.C. Gen. Hospital, K.C. Mo. 2-21-40
Address _____ Date Signed _____

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..... *Charles M. Quinn*

Licensed Embalmer No..... *2774*

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.