

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.

1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17598
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2125
 (c) City Kansas City (d) Street No. 2211 East 37th St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 26 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas J. Sullivan
 (a) Residence, No. 2211 East 37th Street St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. James S. Sullivan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1887

7. AGE YEARS 52 MONTHS 7 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Captain
 9. Industry or business in which work was done, as saw mill, bank, etc. Police Dept.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg Missouri

FATHER 13. NAME Cornelius Sullivan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Mary Courtney
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita Kansas

17. INFORMANT Mrs. James S. Sullivan
 (ADDRESS) 2211 East 37

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 5/24/40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Zwick & Yalton Co
Kansas City, Mo.

20. FILED May 23, 1940
M. M. Clowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1940 to May 20, 1940
 I last saw him alive on May 20, 1940 Death is said to have occurred on the date stated above, at 1:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Sub-acute Myocarditis 2 Mo.
1978
Other contributory causes of importance:
Bronchial pneumonia 2 Mo.

Name of operation none Date of _____
 What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Chas. F. Requaert, M.D.
 (Address) 1115 Grand ave

FEB 1 1945

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.....

Harold Perry

Licensed Embalmer No.....

4099

P. O. Address.....

K.C. 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, above space should be left blank.