

FILED JUN 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **18200**Registration District No. 197Primary Registration District No. 5276Registrar's No. 27

1. PLACE OF DEATH:

- (a) County Clay Gallatin Inn
 (b) City or town North Kansas City, (rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Route #8
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 30 years
 years, months or days)

8. (a) PRINT FULL NAME Harry Christian Sullivan8. (b) If veteran, name war no 8. (c) Social Security No. no4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Kate Sullivan 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased February 5, 1862
(Month) (Day) (Year)8. AGE: Years 78 Months 3 Days 25 If less than one day _____ hr. _____ min.9. Birthplace Monroe City, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired

11. Industry or business _____

12. Name Jerome Parker Sullivan13. Birthplace Dover, Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Frances Metford15. Birthplace Honeywell, Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Gertrude Hodshire(b) Address Rt. 8 North Kansas City, Mo.17. (a) Removal (b) Date thereof June 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Highland Park K.C.K.S18. (a) Signature of funeral director Morton Funeral Home(b) Address North Kansas City, Mo.19. (a) 57-31-40 (b) John A. Morton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Clay
 (c) City or town North Kansas City, (rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route #8
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 30 day _____
year 1940 hour 3:15 minute 2 M.21. I hereby certify that I attended the deceased from 5-3-
1940, to 5-30, 1940;
that I last saw him alive on 5-29, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral hemorrhage todayDue to Hypertensive arterio-sclerosis years

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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?
963While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature N.C. Speer (M. D. or other) 1Address 3204 Coleman KE Date signed 5-31

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. McPherson

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-12-40

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.....

Harold L. Posson

....., Registered Apprentice No:.....

working under my personal supervision.

Signed: *Harold L. Posson*

Licensed Embalmer No. 3605

P. O. Address North Kansas City, 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.