

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27486

Registration District No. 1880

Primary Registration District No. 1002

Registrar's No. 3059

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

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 19 days
(Specify whether
In this community 27 yrs
years, months or days)

3. (a) PRINT FULL NAME Emma A. Sullivan 415

3. (b) If veteran, no name war. 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Robert. Sullivan 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July 9th, 1877.
(Month) (Day) (Year)

8. AGE: Years 63 Months - Days 22 If less than one day
hr. min.

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

10. Usual occupation Housework

11. Industry or business -----

MOTHER FATHER { 12. Name Ben E. Lawson,
13. Birthplace Missouri, (State or foreign country)
14. Maiden name Ellen Garbutton,
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Ray T. Sullivan,
(b) Address 3510 Garfield, K.C. Mo.

17. (a) Burial (b) Date thereof Aug. 3rd 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill, K.C. Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster,
(b) Address 918 Brooklyn Avenue, K.C. Mo.

19. (a) Aug. 2, 1940 (b) M. M. Brown
(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. 1303 Olive St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st
year 1940 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 12th 1940 to July 31st 1940 1940;
that I last saw her alive on July 31st, 1940 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver
Due to 46
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy None

Duration
PHYSICIAN
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) (e) Means of injury 1
23. Signature Dwight R. Moore (M. D. or other)
Med. Dir. K.C. Gen. Hospital, K.C. Mo.
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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed C. H. Wise

Licensed Embalmer No. 2570

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.