

No. 2
-11-10-39
5-17-39
PI X214

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7418

FILED MAR 19 1941 468
Registration District No. 468

Primary Registration District No. 4281

Registrar's No. 2

5
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lawrence County
(b) City or town Marionville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME Joe Jesse Sullivan

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Sophia 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 13 - 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 21 If less than one day
hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Garnet Sullivan

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Sullivan

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sophia Sullivan

(b) Address Marionville, Mo.

17. (a) Burial (b) Date thereof Feb. 5, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. O. O. F. Marionville

18. (a) Signature of funeral director H. Frank Bradford
(b) Address Marionville, Mo.

19. (a) Feb. 5, 1941 (b) Russell O. Connolly
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Marionville 55
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1941 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Act.
1938 to Feb. 25, 1941
that I last saw him alive on Feb. 11, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis 2 yrs.
Due to Prostatic Hypertrophy 2 yrs.

Other conditions 1316
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration

2 yrs.

2 yrs.

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? _____

419
While at work? _____ (Specify type of place) (e) Means of injury 20

23. Signature W. J. Weaver D. or other DO.
Address Marionville, Mo. Date signed 2/5/41

RECEIVED

District Health Officer No. 6,

District File Number 341-421

Date Filed MAR 10 1941

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

Arman B. [Signature]

Licensed Embalmer No. 2304

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.