No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9822

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1231

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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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 50 years

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri (b) County: Jackson 3
(c) City or town: Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No.: 6845 Locust Street
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Mrs. Marguerite Sullivan
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: Feb. (Month) 18, (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
71	1	6	____ hr. ____ min.

9. Birthplace: Ohio (City, town, or county) (State or foreign country)
10. Usual occupation: at home
11. Industry or business: ____

MOTHER FATHER
12. Name: Don't know
13. Birthplace: Don't know (City, town, or county) 9 (State or foreign country)
14. Maiden name: Don't know
15. Birthplace: Don't know (City, town, or county) 9 (State or foreign country)

16. (a) Informant: John Freeman
(b) Address: 6845 Locust
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-27-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: 104 West 47th Street
19. (a) 3/26/41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th year 1941 hour 11 P minute 35 P.M.
21. I hereby certify that I attended the deceased from March, 1940, to March 24, 1941; that I last saw h. alive on March 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Aneurysm of aorta (Ruptured)	2 yrs +
Due to Athero sclerosis	lot years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy: Above findings

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

23. Signature: M. L. Berry (M. D. or other)
Address: Plaza Medical Bldg Date signed 3-25-41
K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence H Chiles

Licensed Embalmer No. 3473

P. O. Address K Cmo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.