

Registration District No. 207

Primary Registration District No. 4120-

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Plattsburg mo.
(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 _____
(Specify whether _____)
In this community 7 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

8. (a) PRINT FULL NAME Thomas Sullivan

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife not known 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 11 1853
(Month) (Day) (Year)

8. AGE: Years 87 Months 8 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Sullivan

13. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Peter & Karl

(b) Address Clinton mo.

17. (a) Burial (b) Date thereof April 26 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton mo.

18. (a) Signature of funeral director O'Brien - Lyon

(b) Address Plattsburg mo.

19. (a) Apr 27 - 41 (b) Bessie Chastain
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1941 hour 1 minute 22 - P.M.

21. I hereby certify that I attended the deceased from Apr 20, 1941, to Apr 26, 1941;
that I last saw him alive on Apr 22 - 7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac
before Duration 7

Due to Arteriosclerosis
date of onset unknown

Due to _____
Other conditions Arteriosclerosis
(include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 _____

23. Signature P.M. Steckman (M. D. or other) D-41

Address Plattsburg mo Date signed 4-26

PHYSICIAN
Underline the cause to which death should be charged statistically.

WHILE FILLING IN USE WRITING BLACK INK—MAKE A PERMANENT RECORD
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.

JAN 29 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..... *Danell D. Lyon*

Licensed Embalmer No. *3640*

P. O. Address..... *Klettinger 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.