

see also 35828-41
FILED JUN 16 1941
713

State File No. _____

Registration District No. _____

Primary Registration District No. 5942

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pylaski
(b) City or town Waynesville (Rural)
(c) Name of hospital or institution: W. P. A. Work Camp
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(d) Street No. _____
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME John L. 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 Mary Sullivan 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased June 15, 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business W. P. A.

12. Name John Sullivan

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

14. Maiden name Elisabeth Sullivan

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

16. (a) Informant Mary Sullivan

(b) Address Kansas City, Mo.

17. (a) Removal (b) Date thereof June 4, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Melody McGilley Und

(b) Address Kansas City, Mo.

19. (a) 6/4/41 (b) E. G. Patton
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1941 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from 6/3 1941, to 6/3 1941;
that I last saw him alive on 6/3 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Thrombus of coronary artery (Aorta)

Due to _____

Due to _____

Other conditions _____

(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 E. G. Patton (M. D. _____)

Address Waynesville Date signed 6/4/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

505

RECEIVED

Pulaski County Health Officer

File Number 64114

Date Filed 6-13-41

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 by.....

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

Signed.....

Paul B. Hooper

Licensed Embalmer No. 3261

P. O. Address Cracks, 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, fact should be so stated above.