DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 32232

Registration District No. 667 Primary Registration District No. 4 4 2 0 Registrar's No.

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

1. PLACE OF DEATH
(a) County Pettis
(b) City or town La Monte Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pettis
(c) City or town La Monte Mo.
(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.

3. (a) PRINT FULL NAME Jerry Joseph 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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 1 (Day) 1864 (Year)

8. AGE: Years 77 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Dresden (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Retired farmer
11. Industry or business
MOTHER FATHER
12. Name Eugene Sullivan
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4
14. Maiden name Anna Clifford
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4
16. (a) Informant Miss Maggie Sullivan
(b) Address La Monte Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation La Monte Cemetery
18. (a) Signature of funeral director B. F. Parker
(b) Address La Monte Mo.
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 14 year 1941 hour 3 minute A.M.
21. I hereby certify that I attended the deceased from 2:55 AM Sept. 14, 1941, to 3 AM Sept 14, 1941; that I last saw h. alive on Sept 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Heart attack
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 K. E. Walker (M. D. or other) M.D.
Address La Monte Mo Date signed 9-15-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Local Health Officer No. 8
Office File Number
Date Filed 10-9-41

## 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, or by.....

.....; Registered Apprentice No.....

working under my personal supervision.

Signed Paul M. Moon

Licensed Embalmer No. 3923

P. O. Address La Monte Mo

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

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

. S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 32 282

Registration District No. 667 Primary Registration District No. 4400 Registrar's No.

**1. PLACE OF DEATH:**

(a) County: Pettis

(b) City or town: La Monte

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Jerry J. Sullivan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Apr. (Month) 1 (Day) 1864 (Year)

8. AGE: Years 77 Months 5 Days 13 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 9-15-41 (Date received local registrar) (b) B. F. Parker (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. Day 15 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Heart attack

Due to: Myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (Specify type of place)

While at work?

(e) Means of injury

23. Signature: W. G. Walker (M. D. or other) M.D.

Address: La Monte Mo Date signed

SUPPLEMENTARY

934