

No. 2
-11-10-39
5-17-39
P I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34050**
Registrar's No. **3990**

Registration District No. **399**

Primary Registration District No. **1002**

48
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City Mo.**
(c) Name of hospital or institution:
3619 Prospect Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **45 Years** (Specify whether years, months or days)
In this community **45 Years**

8. (a) PRINT FULL NAMES: **Stephen J. SULLIVAN**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Clara Sullivan** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **October 8th 1871**
(Month) (Day) (Year)

8. AGE: Years **70** Months **5** Days **15** If less than one day hr. min.

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

10. Usual occupation **Clerk W.P.A.**

11. Industry or business
MOTHER FATHER { 12. Name **Daniel Sullivan**
13. Birthplace **County Carey Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Julia O'Brien**
15. Birthplace **County Carey Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clara Sullivan**
(b) Address **3619 Prospect Ave**

17. (a) **Burial** (b) Date thereof **10/27/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Melody-McGilley**

(b) Address **K. C. Mo.**

19. (a) **10/26/41** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **3619 Prospect Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **10** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **10** day **23** year **41**
minute **11 30 P.**

21. I hereby certify that I attended the deceased from **11 30 P.**
that he/she was alive on **10/23/41**
and death occurred on the date and hour stated above.
Immediate cause of death **bronchial asthma**

Due to **11/2**
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?

While at work (a) (b) Means of injury

23. Signature **Melody McGilley** (M. D. or other) **3**
Address **K.C. Mo.** Date signed

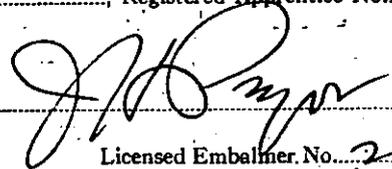
561 (Licensed Embalmer's Statement on Reverse Side)

NOV 1 0 1941

STATEMENT BY LICENSED EMBALMER

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 .....
Licensed Embalmer No. 2999
P. O. Address ICC

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.