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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 4 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35159

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 284

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence (Ind.)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hours
(Specify whether
In this community 0
years, months or days)

3. (a) PRINT FULL NAME HELEN SULLIVAN
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 5. Color or hair white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dennie Sullivan
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased March 27 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 7 0 hr. min.

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

10. Usual occupation Housewife

11. Industry or business at home

MOTHER FATHER
12. Name Liquist Parcel
13. Birthplace Linn Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ely Beth Kleppel
15. Birthplace Linn Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dennie Sullivan
(b) Address Miami, MO.

17. (a) Removal (b) Date thereof 10/28/41
(Disposal, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater, MO.

18. (a) Signature of funeral director George P. Carson

(b) Address Independence, MO.

19. (a) Oct. 28 41 (b) F. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson ⁰⁴⁸
(c) City or town Miami ⁰
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. # one
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 27
year 1941 hour 6:45 minute P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw Helen Sullivan and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the Skull
Automobile Trauma
Pedestrian
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 170°
Of operations _____
Of autopsy 21

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 10-26-41 ⁰⁴⁸
(c) Where did injury occur? Jackson MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Car hit by truck
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Russell W. Taylor (M. D. or other) 3
Address Kennett Date signed _____

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

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 *Raymond N. Martin*
Licensed Embalmer No. *4150*
P. O. Address *Independence 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.