

FILLED NOV 11 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35356

State File No. \_\_\_\_\_

Registration District No. 467

Primary Registration District No. 4280

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Aurora City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
720 Highland St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community years 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence <sup>055</sup>  
(c) City or town Aurora <sup>1</sup>  
(If outside city or town limits, write "RURAL")  
(d) Street No. 720 Highland St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME John M Sullivan

3. (b) If veteran, name war No 3. (c) Social Security No. 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 70 years

7. Birth date of deceased March 27 1867  
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name John Sullivan

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

14. Maiden name Irene Geral

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

16. (a) Informant Hardy Sullivan

(b) Address Aurora Mo.

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

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. P. King

(b) Address Aurora Mo.

19. (a) 11-1-41 (b) C. R. D. Colman, M.D.  
(Date received local registrar) (Registrar's signature)

9/18 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16  
year 1941 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from October 3 19 41 to October 16 19 41  
that I last saw him alive on October 16 19 41  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Acute Myocardial Failure - Contributing Cause - Cerebral Haemorrhage.

Due to \_\_\_\_\_  
Other conditions Bronchopneumonia  
(Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None

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 0  
23. Signature Dr. Kenneth D. Kelley (M.D. or other) M.D.  
Address 16 E. Lawrence Date signed 10/16/41

Duration

10/2/41  
9/30/41

10/14/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

55  
1

RECEIVED

District Health Officer No. 6,

District File Number 1141-1674

Date Filed NOV 7 1941

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 Herman Turridg

Licensed Embalmer No. 3072

P. O. Address Aurora 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.