

DEC 31 1941 26

Registration District No.

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(c) Name of hospital or institution: Audrain County
(d) Length of stay: In hospital or institution 3 weeks
In this community all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain
(c) City or town Mexico
(d) Street No. 817 West St.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME David D. Sullivan

3. (b) If veteran, name var. (c) Social Security No. 488-12-1503

4. Sex Male (b) race White
5. Color or race White
6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Louise
6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 30 1891

8. AGE:	Years	Months	Days	If less than one day
50	3	7		hr. min.

9. Birthplace Audrain Co. Mo.

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER

12. Name John H. Sullivan
13. Birthplace Audrain Co. Mo.
14. Maiden name Dora Fecht
15. Birthplace Penn.

16. (a) Informant Louise Sullivan

(b) Address 817 West St. Mexico Mo

17. (a) Burial (b) Date thereof 11-9-41

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director H. A. ...

(b) Address ...

19. (a) November 9 1941 (b) Blanche Weely

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7th
year 1941 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Oct 14, 1941 to Nov - 7, 1941
that I last saw him alive on Nov - 7 - 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: sunstroke, osteoarthritis

Due to: Infection of frontal and E. malar

Due to: 1046
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 10-18-41 frontal sinus gland. filled with pus
Of autopsy: malar sinus open & brown liquid - pus drained

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Paul E. ...
Address ... Date signed 11-8-41

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2266

Date Filed DEC 23 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 H. A. Brecht

Licensed Embalmer No. 39

P. O. Address Meriville MD

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.