

FILED FEB 6 1942

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 25

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

1. PLACE OF DEATH: Vernon

(a) County Vernon

(b) City or town Washington Town Ship
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 3 Nevada, mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs 6 mo 11 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Hayden Sullivan

3. (c) Social Security No. None

8. (b) If veteran, name war UNK

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

6. (b) Name of husband or wife Mrs H. Sullivan 6. (c) Age of husband or wife if alive UNK years

7. Birth date of deceased Nov 16th 1906
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>35</u>	<u>2</u>	<u>1</u>	hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER { 12. Name James Sullivan

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

14. Maiden name Laura Howell

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

16. (a) Informant State Hospital Rec'd.

(b) Address Nevada, mo

17. (a) Removal (b) Date thereof 1-19-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Grove Mo

18. (a) Signature of funeral director Joe Stapp

(b) Address 11th Street, Nevada

19. (a) Jan. 17-42 (b) Allen Shoup
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County WRIGHT

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

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

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th year 1942 7 hour 40 minute A. M.

21. I hereby certify that I attended the deceased from August 24th 1937, to Jan 17th 1942

that I last saw him alive on Jan 16th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Septic mening. Encephalitis

Due to 30h

Other conditions This degree being back on 1/9/42
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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? _____ (Specify type of place)
(e) Means of injury _____

23. Signature G.S. Waraick (M. D. or other) D

Address Nevada, mo Date signed 1/17/42

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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

George Staffe

Licensed Embalmer No.

3161

P. O. Address

Wm. Pennell M.D.

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.