S. No. 2
1—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1942

Registration District No. 168

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7099

Primary Registration District No. 4274

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Lafayette County

(b) City or town Higginsville, Mo. Fwd

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /

(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, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Higginsville, Mo. 2

(If outside city or town limits, write "RURAL")

(d) Street No. /

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---- 0

3. (a) PRINT FULL NAME Miss Mary Sullivan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 18th 1862 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
80	1	25	hr. min.

9. Birthplace Saint Joeseph, Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Domestic work

11. Industry or business

FATHER
12. Name Michiel Sullivan
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ryan
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Julia Wozniak

(b) Address Higginsville, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/16/42. (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director [signature]

(b) Address Higginsville, Mo.

19. (a) 2-14-1942 (Date received local registrar) (b) Dr W.A. Braecklein (Registrar's signature) [signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13 year 1942 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Jan 14, 1941, to Feb 11, 1942 that I last saw her alive on Feb 11, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho - pneumonia	1 wk
Due to	
Due to 107	
Other conditions Chronic osteo arthritis 10 yrs. (Include pregnancy within 3 months of death) Aneurism - abdominal aorta	

Major findings:
Of operations None
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature C. J. Jessel (M.D. or other)

Address Higginsville Mo. Date signed Feb 17 1942

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-19-42

APR 7 1942

JAN 14 1940

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. 3025

P. O. Address .....

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.