

FILED SEP 15 1942

Registration District No. 278

Primary Registration District No. 3054

Registrar's No.

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

1. PLACE OF DEATH

(a) County Pike
(b) City or town Louisiana
(c) Name of hospital or institution:
403 Frankford Road
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike
(c) City or town Louisiana
(d) Street No. 403 Frankford Road
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lawrence Patrick Sullivan

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Clifton 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Jan 19 1878
(Month) (Day) (Year)

8. AGE: 64 Years 6 Months 24 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation Post office Clerk

11. Industry or business Post office

12. Name John Sullivan

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

14. Maiden name Margaret Honan

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

16. (a) Informant Mrs Lawrence P Sullivan

(b) Address Louisiana Mo

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

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director J. O'Hara

(b) Address Louisiana Mo

19. (a) August 13 42 (b) J. O'Hara
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13 year 1942 hour 11 minute 30 a.m.

21. I hereby certify that I attended the deceased from Jan 26 to 8-13 1942 that I last saw him alive on about 1 week ago and that death occurred on the date and hour stated above. Duration _____

Immediate cause of death _____

Due to Chronic myocarditis

Due to Chronic hypertension

Due to Chronic nephritis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 None

(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 _____ (Specify type of place)

Means of injury 0

23. Signature J. O'Hara (M. D. or _____)

Address Louisiana Mo Date signed 8/13/42

AUG 17 1943

RECEIVED

District Health Officer No. 10

District File Number 9-42-1733

Date Filed SEP 10 1942

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.....

REC'D
SEP 10 1942

George O. Hagner

....., Registered Apprentice No.....

working under my personal supervision.

Signed *George O. Hagner*

Licensed Embalmer No. 3773

P. O. Address *Louisiana, 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.