

S. No. 2
M-9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 14 1942

Registration District No.

Primary Registration District No. 4461

Registrar's No. 14

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bismarck
(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 ENTIRE LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois
(c) City or town Bismarck
(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 _____

3. (a) PRINT FULL NAME HENRY LOUIS SULLIVAN

3. (b) If veteran, name war NONE 3. (c) Social Security No. 496-12-9698

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FREDA MAE SULLIVAN 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased FEB. 23 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 6 27 hr. min.

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

10. Usual occupation BUTCHER

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM H. SULLIVAN
13. Birthplace WASHINGTON INDIANA
(City, town, or county) (State or foreign country)
14. Maiden name MABLE EATON
15. Birthplace DESLORE MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant WILLIAM H. SULLIVAN

(b) Address BISMARCK, MISSOURI

17. (a) BURIAL (b) Date thereof 9 23 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MITCHELL, MO.

18. (a) Signature of funeral director C. P. BOYER

(b) Address Desloge, Missouri

19. (a) Sept. 22 1942 (b) Byrdie Bismarck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER Day 20
year 1942 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death gun shot wound
in left side

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence Sept 20 - 42

(c) Where did injury occur? Bismarck Mo
(City or town) (County) (State)

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

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. L. Johnson (M. D. or other)
Address Bismarck Mo Date signed 9-25-42

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

94
0
0

94
0
0

164c

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 1042-1216

Date Filed 10-13-42

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 C. J. Bager.
Licensed Embalmer No. 1671
P. O. Address Desloge.

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.