

LED APR 7 1943

Registration District No. _____

Primary Registration District No. 3002

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: 1 ~~REPORT~~
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Non
(Specify whether)

In this community 55 Years
years, months or days (Specify whether)

3. (a) PRINT FULL NAME John H Sullivan

3. (b) If veteran, name war _____

3. (c) Social Security No. Non

4. Sex Male

5. Color or Race White

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

6. (b) Name of husband or wife Dora Sullivan

6. (c) Age of husband or wife if alive 72 1/2 years

7. Birth date of deceased Sept 30 1963
(Month) (Day) (Year)

8. AGE: Years 79 Months 59 Days 14
If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William Sullivan

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

14. Maiden name Mary

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

16. (a) Informant Miss Dora Sullivan

(b) Address Mexico Mo

17. (a) Catholic Cemetry (b) Date thereof 3-16-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetry

18. (a) Signature of funeral director Talk T. P...

(b) Address Mexico Mo.

19. (a) Mar-14-43 (b) Margaret H Macken
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Mexico Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 713-East Promenade
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th
year 1943 hour 12:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 15, 1942, to March 14, 1943; that I last saw him alive on 9-10, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate gland (metastatic)

Duration 2 yrs

Due to _____

Due to _____

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

Major findings: None

Of operations _____

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) None

(b) Date of occurrence _____

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Harry J. O'Brien (M. D. or other) _____

Address Mexico Mo Date signed 3-15-43

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

4
1
2

1074

RECEIVED

District Health Officer No. 10.

District File Number 4-43-620

Date Filed MAR 15 1943

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.....

Carl E. Pruck

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

working under my personal supervision.

Signed.....

Carl E. Pruck

Licensed Embalmer No. 3189

P. O. Address Mexico 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.