. S. No. 2
M—9-4-41
. 5-17-39
PI X2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22149

FILED JUL 10 1943

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 194

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

80
6
4

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: 423 E 5 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 423 E 5 4
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Eugene Aloysuis Sullivan

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

4. Sex male 0 | 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 May 28 (Month) 1875 (Day) (Year)

8. AGE: Years 68 | Months 0 | Days 12 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Dry Cleaning

11. Industry or business .....

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

MOTHER
14. Maiden name Bridget O. Brien
15. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Miss Kate Sullivan
(b) Address Sedalia Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 12 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo.

19. (a) 6/12/43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1943 hour 05 minute 30 A.M.

21. I hereby certify that I attended the deceased from May, 1940 to June 10 1943
that I last saw him alive on June 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Acute Dilatation Heart Sudden

Due to Valvular Heart Dis 15 yrs

Due to Rheumatism & Defective

Other conditions ..... 10 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations 9 Sept
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 .....

23. Signature Frank B. Long (M. D. or other) M.D.
Address Sedalia Mo. Date signed 6-10-43

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-2-43

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia

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.