

38803

State File No. _____

Registrar's No. 179

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

No. 2
5-42
5-17-39
1 X328

FILED DEC 9 1943
Registration District No. 75

Primary Registration District No. 5646

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural Buckprarie Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. # 2 Aurora Mo
(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 Lawrence
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 2 Aurora Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ciable Sullivan

3. (b) If veteran, name war _____ 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 Josephine Sullivan 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased April 29 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 21 hr. min.

9. Birthplace Lawrence County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Press Sullivan
13. Birthplace ? Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Sullivan
15. Birthplace ? Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Josephine Sullivan

(b) Address R.F.D. # 2 Aurora Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/43
(Month) (Day) (Year)

(c) Place: burial or cremation Marionville Mo.

18. (a) Signature of funeral director J.F. King

(b) Address Aurora Mo.

19. (a) 11-24-43 (Date received local registrar) (b) Lucille Greene by ants
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1943 hour about 9 minute 30 A M.
21. I hereby certify that I attended the deceased from after
death, 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 Suicide by hanging

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 164 a

Major findings: Of operations _____
Of autopsy _____

Duration
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) Suicide

(b) Date of occurrence Nov 20, 1943

(c) Where did injury occur? Buck Prairie Lawrence Mo.
(City or town) (County) (State)

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

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

23. Signature Edwin C. Williams coroner
(M.D. or other) Address Perre City Mo Date signed 11-20-43

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

RECEIVED

District Health Officer No. 6,

District File Number 1243-1325

Date Filed DEC 7 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Herman Surridge
Licensed Embalmer No. 3072
P. O. Address Aurora 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.