

Registration District No. 202 Primary Registration District No. 5732

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

1. PLACE OF DEATH:  
(a) County Macon  
(b) City or town South Gifford Farler 1-12  
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Macon  
(c) City or town South Gifford Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Peter Martin 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, widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 14 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 10 25 hr. min.

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

10. Usual occupation Ret. Tired Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Edward Sullivan  
13. Birthplace Kyr  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Nickles  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Gray  
(b) Address South Gifford Mo.

17. (a) Burial (b) Date thereof Nov 9 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Union Temple

18. (a) Signature of funeral director M. M. McCallum  
(b) Address South Gifford Mo.

19. (a) Nov 14 1943 (b) Minnie Sted.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8  
year 1943 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1943 to Nov. 7, 1943, that I last saw him alive on November 7, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death circulatory collapse

Due to bronchial pneumonia

Due to infirmities of old age

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 107  
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) \_\_\_\_\_  
(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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature La Plata (M: D. or other) 50  
Address La Plata 700 Date signed 11/10/43

RECEIVED

District Health Officer No. 10

District File Number 12-43-2000

Date Filed DEC 15 1943

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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 J. H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.**