

FILED JAN 3 1944  
Registration District No. 381

Primary Registration District No. 6033

Dr. Adman

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

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Hatewood (If outside city or town limits, write "RURAL" and name of township) P-1

(c) Name of hospital or institution: Hatewood L...  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Ripley

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

(d) Street No. St. #1 (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Benjamin Franklin Sullivan

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14 year 1943 hour 9:15 minute \_\_\_\_\_ A.M.

4. Sex M 5. Color or Race W

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

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

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: Nov. 1 1858  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-12-1943 to 11-12-1943; that I last saw him alive on 11-12-1943; and that death occurred on the date and hour stated above.

Immediate cause of death Insanitation Duration \_\_\_\_\_

8. AGE: Years 85 Months 13 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Rock Stone Ill. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Due to Unable to eat, we would not eat.

Due to Aspirin, Sclerotic Nephritis and Endocarditis

Other conditions Blind, Deaf, and unable to talk so as to understand (Include pregnancy within 3 months of death)

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

12. Name Jacob Sullivan

13. Birthplace Penn 1  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bitch

15. Birthplace Penn 1  
(City, town, or county) (State or foreign country)

Major findings sin. Of operations \_\_\_\_\_

Of autopsy 13/10

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Mollie Sullivan

(b) Address P-1; Hatewood, MO.

17. (a) Burial (b) Date thereof Nov. 16, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive C.

18. (a) Signature of funeral director Black's Mortuary

(b) Address Doniphan, Mo.

19. (a) 12/29/43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. \_\_\_\_\_)

Address Doniphan, Mo. Date signed 11-10-48

