

No. 2
-5-42
5-17-39
X32873

Registration District No. 378

Primary Registration District No. 4552

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Mountain Grove
(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 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
(c) City or town Mountain Grove
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Caswell Sullivant
3. (b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 3 year 1944 hour 9 minute P. M.

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

21. I hereby certify that I attended the deceased from Feb. 1 - 1944 to Feb. 3 - 1944 that I last saw him alive on Feb. 2 - 1944 and that death occurred on the date and hour stated above.

7. Birth date of deceased Jan. 25 1875
(Month) (Day) (Year)
8. AGE: Years 69 Months 0 Days 8 If less than one day hr. min.

Immediate cause of death Coronary Thrombosis
Duration

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

Due to
Due to

10. Usual occupation Common Laborer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Claude Boatright
(b) Address 1545 N. Main Springfield Mo

17. (a) Burial (b) Date thereof Feb. 7, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hill Crest Cemetery

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?

18. (a) Signature of funeral director George Stepp
(b) Address Mountain Grove Mo
19. (a) 2/7/44 (b) Handwritten
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature W. H. Fleming (M. D. or other)
Address North Grove Mo Date signed 2-7-44

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

RECEIVED

District Health Officer No. 6,

District File Number 344-295

Date Filed MAR 14 1944

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 George Staff
Licensed Embalmer No. 3161
P. O. Address Mr. George

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.