

FILED JUN 3 1944  
1949

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 2275

## 1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
K. C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)  
 In this community 4 years

3. (a) PRINT FULL NAME Stella Sullivan3. (b) If veteran, name war -- 3. (c) Social Security No. 489-24-1316

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife James Thos. Sullivan (deceased) 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased November 24 1898  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	45	6	0	hr. _____ min.

9. Birthplace Indian Territory Okla.  
(City, town, or county) (State or foreign country)10. Usual occupation Taxicab operator

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

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

16. (a) Informant Mrs. Bernice James(b) Address 3512 Woodland17. (a) burial (b) Date thereof 5 - 26 - 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Forest Hill18. (a) Signature of funeral director Bentley Mortuary(b) Address 5811 Troost19. (a) 5-26-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3512 Woodland  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24  
year 1944 hour 4 minute 5 P. M.21. I hereby certify that I attended the deceased from May 18 1944 to May 24 1944;  
that I last saw her alive on May 24 1944  
and that death occurred on the date and hour stated above.Immediate cause of death Pyelonephritis  
Pontine Hemorrhage

Duration

Due to 830

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_Of autopsy See above

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)  
(c) Means of injury 523. Signature A. E. Upsher (M. D. or other) MD  
Address Med. Dir. Gen'l Hosp. Date signed 5-25-44

**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..... *Guy Buffington*.....

Licensed Embalmer No. *2756*.....

P. O. Address..... *K. C. 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.**