

AUG 24 1944

Registration District No. 72

Primary Registration District No. 4134

Registrar's No. 85

1. PLACE OF DEATH
CLAY

(a) County **CLAY**

(b) City or town **SMITHVILLE**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **HOME**
(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)

In this community **LIFETIME**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **CLAY**

(c) City or town **SMITHVILLE**
(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 **JESSE WINFORD SULLIVAN**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **4**
year **1944** hour **3** minute **0** P. M.

21. I hereby certify that I attended the deceased from **Aug 2**
19**44** to **Aug 4** 19**44**
that I last saw him **alive** on **Aug 4** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **EVA HELLYER SULLIVAN** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **FEB. 18, 1865**
(Month) (Day) (Year)

Duration _____

Due to **Ch. Myocarditis**

Due to **93d**

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

79 **5** **16** hr. min.

9. Birthplace **AUSTIN, TEXAS**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER Retired 25 yrs.**

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____

12. Name **RICHARD L. SULLIVAN**

13. Birthplace **OHIO**
(City, town, or county) (State or foreign country)

14. Maiden name **HARRIET BARNARD**

15. Birthplace **ILL.**
(City, town, or county) (State or foreign country)

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) Means of injury **0**

23. Signature **W. H. Hobb** (M. D. or other) **W. H. Hobb**
Address **Smithville, Mo.** Date signed **8-5-44**

16. (a) Informant **MRS. J. W. SULLIVAN**

(b) Address **SMITHVILLE, MO.**

17. (a) **BURIAL** (b) Date thereof **8/6/44**
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **GOSS CEM CLAY CO. MO.**

18. (a) Signature of funeral director **McComas Funeral Home**

(b) Address **Smithville Mo.**

19. (a) **Aug 12 1944** (b) **Rich W Henry**
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer [unclear]
District File Number _____
Date Filed 2-22-44

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 S. A. McComas
Licensed Embalmer No. 2303
P. O. Address Smithville, 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.