V. S. No. 2
.00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30261

Registration District No. FILED OCT 9 1944 Primary Registration District No. 1002 Registrar's No. 3910

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 7Days (Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 234 West 53rd St Terrace 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME J. FRANCIS O'SULLIVAN
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Alice O'Sullivan
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Feb 28 1894 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	6	28	hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Lawyer
11. Industry or business
FATHER
12. Name James O'Sullivan
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary E O'Reilly
15. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Mrs. Alice O. Sullivan
(b) Address 234 West 53rd St Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Quirk & Tobin Co
(b) Address 20 West Linwood
19. (a) 9-28-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26 year 1944 hour 4:00 minute P M.
21. I hereby certify that I attended the deceased from Sept 20, 1944, to Sept 26, 1944, that I last saw he alive on Sept 26, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac decompensation	2 day
Due to Coronary thrombosis	2 weeks
Due to Hypertensive heart disease	Years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature John T Sheppard (M. D. or other) MD
Address 1102 Grand Ave Date signed 9-26-44

(Licensed Embalmer's Statement on Reverse Side)

K.C. Mo

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 Charles M Quirk

Licensed Embalmer No. 3774

P. O. Address Kansas City 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.