

FILED AUG 23 1945

State File No. _____

Registration District No. 272

Primary Registration District No. 5781

Registrar's No. 8

1. PLACE OF DEATH: Miller

(a) County _____

(b) City or town Brunley Illion Co. Mo.
(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 _____ (Specify whether _____)

In this community 60 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Miller Co Mo

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

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME HARRISON M. SULLIVAN

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Mary Jane Sullivan

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased Nov. 17-1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1945 hour _____ minute 5:20 A.M.

21. I hereby certify that I attended the deceased from Sept. 15, 1943, to June 29, 1945;
that I last saw him alive on June 28, 1945,
and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 7 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Illion Mo U
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Immediate cause of death Hypostatic pneumonia Duration 2 days

Due to Debility as a result of carcinoma of prostate 2 years

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

MOTHER-FATHER

11. Industry or business _____

12. Name Raylar Sullivan

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

14. Maiden name Ellen Graham

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

16. (a) Informant Berk Sullivan

(b) Address Brunley Mo.

17. (a) Burial (b) Date thereof 7-1-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Illion, Mo

18. (a) Signature of funeral director Ch. Bussey

(b) Address Illion, Mo

19. (a) 7/3/45 (b) Mrs C.R. Hawkins
(Date of local registrar) (Registrar's signature)

Major findings: Of operations 5/18

Of autopsy _____

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 Myron S Jones (M. D. or other) MD

Address Brunley Mo Date signed 7-1-45

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

RECEIVED

Miller County Health Dept.

County File Number 45-71

Date Filed 8-10-85

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 Chasey

Licensed Embalmer No. 2694

P. O. Address Berea 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.