

FILED SEP 25 1945
149

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. **3743**

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:
Home- 3822 East 25th, St. /
(If not in hospital or institution, write street number or location) /

(d) Length of stay: In hospital or institution **None**
(Specify whether)

In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **47**

(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")

(d) Street No. **3822 East 25th, St.** **8**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country.

3. (a) PRINT FULL NAME **Susan Jo Cullivan**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Child** **0**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **Feb. 21st, 1945**
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
	6	18	hr. _____ min.

9. Birthplace **Kansas City, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

11. Industry or business _____

MOTHER FATHER

12. Name **Frank B. Cullivan**

13. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Cole**

15. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank B. Cullivan**

(b) Address **3822 East 25th, St.**

17. (a) **Burial** (b) Date thereof **9/11/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cem.**

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

(b) Address **4139 East 15th, St.**

19. (a) **9-10-45** (b) **M. Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month **Sept.** day **9th**, year **1945** hour **3** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **Sept 9, 1945 9-9 1945**
that I last saw her alive on **9-9 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia**

Due to **Strep Throat**

Due to _____

Other conditions **Spiral bifida**
(Include pregnancy within 3 months of death)

Major findings: **1156**

Of operations _____

Of autopsy _____

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 **0**

23. Signature **James J. Ferguson** **9/11/45**
(M.D. or other)

Address **Bryant Aldy** Date signed **9/11/45**

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

48
3
8

Rev Ferguson
410 Pleasant Ridge
After 2 P.M.

APR 11 1955

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.....

John B. Camp

Licensed Embalmer No. 2955

P. O. Address. I.C. Med

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.