S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16868

FILED MAY 16 1946

Registration District No. 1947 Primary Registration District No. 1002 Registrar's No. 2038

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: 4209 Terrace
(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 64 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 4209 Terrace 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Miss Mary SULLIVAN

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 single

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 15 (Day) 1868 (Year)

8. AGE: Years 78 Months 2 Days 16 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Daniel Sullivan
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Ellen Donohue
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs. Dennis Ryan
(b) Address 4209 Terrace, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 E. Linwood Blvd.

19. (a) 5-3-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1946 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from May 1, 1945, to May 1, 1946, that I last saw her alive on May 1, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Bronchial pneumonia	3 days
Due to Myocardial failure	1 week
Due to Arteriosclerosis	years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy no	

94a

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

23. Signature John T. Skinner (M. D. or other) MD

Address 1103 Grand Ave. Date signed 5-2-46

(Licensed Embalmer's Statement on Reverse Side)

31 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.....

Licensed Embalmer No.....

P. O. Address.....

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.