FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 19 1948
Registration District No. 62

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5238

State File No. 4250
Registrar's No. 5

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

1. PLACE OF DEATH:
(a) County Cedar
(b) City or town Rural----- Jefferson
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cedar 20
(c) City or town Rural----Jefferson 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Vance Sullivan
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Denzil B. Sullivan
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased May (Month) 25 (Day) 1886 (Year)

8. AGE: Years 61 Months 9 Days 24 If less than one day hr. min.

9. Birthplace Clemore Indian Territory / (City, town, or county) (State or foreign country)
10. Usual occupation Oil Field pumper
11. Industry or business
FATHER
12. Name William Perry
13. Birthplace Georgia / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Georgia Bibles
15. Birthplace Indian Territory / (City, town, or county) (State or foreign country)
16. (a) Informant Dick C Sullivan
(b) Address Stockton, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 5 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Stockton Cemetery
18. (a) Signature of funeral director Church & Neale
(b) Address Stockton, Missouri
19. (a) 2-14-48 (Date received local registrar) (b) Geneva Garrison (Registrar's signature) 54

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1 year 1948 hour 7 minute 05 P.M.
21. I hereby certify that I attended the deceased from Oct 4 1946 to Feb 1 1948 that I last saw him alive on Feb 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Ventricular fibrillation — Duration 1 month
Due to: Mitral regurgitation — 2 yr.
Due to: Pneumonia (Bronchial)
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
92B

PHYSICIAN
Underline the cause of 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 [signature] (M. D. or other)
Address Stockton Mo. Date signed 2-3-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-48-82
Date Filed 2-18-82

## 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 Melvin Chunder

Licensed Embalmer No. 3272

P. O. Address Stockton 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.**