

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED MAR 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 5730

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 54

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1119 W. 6th /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution...
 In this community... Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis 80
 (c) City or town Sedalia 6
(If outside city or town limits, write "RURAL") 4
 (d) Street No. 1119 W. 6th 0
(If rural, give location)
 (e) Citizen of foreign country? - (Yes or No)
 If yes, name country -

3. (a) PRINT FULL NAME PATRICK EMMETT SULLIVAN
 3. (b) If veteran, name war -
 3. (c) Social Security No. -

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Nellie Egan alive - years
 6. (c) Age of husband or wife if - years
 7. Birth date of deceased April 11 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 10 hr. - min.

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

10. Usual occupation Coal Dealer

11. Industry or business

MOTHER FATHER
 12. Name Patrick Sullivan &
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Julia Sweeney
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs P. E. Sullivan
 (b) Address 1119 W. 6th Sedalia

17. (a) Burial (b) Date thereof 2-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia Mo

19. (a) 2-23-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21st,
 year 1948 hour 6.45 A.M. minute - M.
 21. I hereby certify that I attended the deceased from Over 15 yrs.
date above.
 that I last saw him alive on February 20th, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis. Duration 2 yrs.
 Due to Arterio-Sclerosis. 2 yrs.

Due to -
 Other conditions Senility.
(Include pregnancy within 3 months of death)

Major findings: None. PHYSICIAN
 Of operations None. J. B. Carlisle
 Of autopsy None.
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) None.

(b) Date of occurrence

(c) Where did injury occur? None.

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
None.

While at work? None. (Specify type of place)
 (e) Means of injury Jno. B. Carlisle, M.D.

23. Signature Jno. B. Carlisle, M.D. (M. D. or other)
 Address Sedalia Mo Date signed 2-23-48

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-5-48

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.....

K.P.M. Cray

Licensed Embalmer No. *3153*

P. O. Address *Bedalia 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.