S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12815

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1580

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

8
3
8

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: 3120 Karnes Blvd.
(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 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 3120 Karnes Blvd. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Eugene P. O'SULLIVAN

3. (b) If veteran, name war no

3. (c) Social Security No. 499-14-9060

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Rose Ann O'Sullivan

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan. 3, 1881
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days 7 If less than one day ___ hr. ___ min.

9. Birthplace Leavenworth (City, town, or county) Kan. (State or foreign country)

10. Usual occupation Retired Policeman

11. Industry or business K.C. Police Dept.

FATHER
12. Name Jerry O'Sullivan
13. Birthplace Tonganxie (City, town, or county) Kan. (State or foreign country)

MOTHER
14. Maiden name Linnie Sample
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Rose Ann O'Sullivan
(b) Address 3120 Karnes Blvd. K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody McGilley-Eylar
(b) Address Kansas City, Mo.

19. (a) 4-10-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1948 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sept 26, 1946, to Apr. 10, 1948
that I last saw h___ alive on ___, 19___;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	Apr 7-48
Due to Diabetes Mellitus	10 yrs
Due to Gen Arterio Sclerosis	10 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no 61
Of autopsy no

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 E. Moler (M. D. ~~another~~)
Address 731 Ann Kansas City Kan Date signed 4-10-48

(Licensed Embalmer's Statement on Reverse Side)

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 Max H. Kirkendoll, Registered Apprentice No. 86, working under my personal supervision.

Signed Glen E. Beck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.