

No. 300
A-10-47
5-17-39
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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED APR 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12913
13013
State File No. _____
Registrar's No. 1498

Registration District No. 149

Primary Registration District No. 1002

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:
1908 Cypress Avenue
(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 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 1908 Cypress Avenue 8
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William L. SULLIVAN
 3. (b) If veteran, name war no
 3. (c) Social Security No. 496-10-3744

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 3
 year 1948 hour 11 minute P. M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Margaret Sullivan
 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased October 29, 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from born, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 65 Days 5 If less than one day
4 hr. _____ min.

Immediate cause of death Cerebral edema
 Due to arterial sclerosis
 Due to _____

9. Birthplace Knobnoster, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Weightmaster

Other conditions 940
(Include pregnancy within 3 months of death)

11. Industry or business Apex Coal Company
 12. Name Daniel Sullivan
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Julia O'Brien
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy yes - as above
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Kathryn Sullivan
 (b) Address 1908 Cypress Ave., K.C., Mo.
 17. (a) Burial (b) Date thereof 4-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director Melody-McGilley-Eylar
 (b) Address Kansas City, Missouri
 19. (a) 4-5-48 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

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 Jannet Walker (M. D. or other) _____
 Address 1424 14th Hill Date signed 4-4-48

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

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 W. Kirkendall, Registered Apprentice No. *86*,
working under my personal supervision.

Signed *Glen E. Heck*

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.