

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 131

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: family home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 1 year  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. 515 North Fillmore  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PATRICK D. SULLIVAN

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25  
year 1948 hour 5 minute 30P M.

21. I hereby certify that I attended the deceased from October 4  
1947 to May 25 1948;

that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Inez Pearl Sullivan

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 4 1877  
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of esophagus  
Due to metastasis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

71 2 21 hr. min.

Major findings: 1/10

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Clarinda Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer (retired)

11. Industry or business self-employed

12. Name Jerry D. Sullivan

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Orpen

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. P. D. Sullivan

(b) Address Maryville, Missouri

17. (a) burial (b) Date thereof 5/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarinda, Iowa

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? \_\_\_\_\_

18. (a) Signature of funeral director Pure Funeral Home

(b) Address Maryville, Missouri

19. (a) 5-29-48 (b) Beas Holtz  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature D. J. Byland (M. D. or other) \_\_\_\_\_

Address Maryville, Mo. Date signed 5/24/48

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

MOTHER FATHER

SEP 24 1948

1948

MAR 31 1949

3891 E VOL 2317

MAY 31 1949

DISTRICT HEALTH OFFICE  
Cameron, 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

*John W. Price*

Licensed Embalmer No. *4281*

P. O. Address *Maryville 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.