300
0-47
7-39
3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20033

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
Missouri State Sanatorium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 472 days (Specify whether
In this community 472 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 514 South Hocker 4
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Beulah Sullivan

3. (b) If veteran, name war no

3. (c) Social Security No. 500-22-0525

4. Sex Female 3

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Matthew Sullivan

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased January (Month) 24 (Day) 1925 (Year)

8. AGE:

Years	Months	Days	If less than one day
23	4	12	hr. min.

9. Birthplace Independence (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Wool presser

11. Industry or business Cleaning establishment

FATHER
12. Name Oren Tucker
13. Birthplace Independence, Missouri (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Emma Porter
15. Birthplace Wellington (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Ethel McMichael, Record Clerk
(b) Address Mo. State San., Mount Vernon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-48 (Month) (Day) (Year)

(c) Place: burial or cremation Tucker Cem.

18. (a) Signature of funeral director C. E. Davis
(b) Address 1513 Frost K.C. Mo.

19. (a) 6-7-48 (Date received local registrar) (b) Cecil Hendricks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1948 hour 5 minute 40 p.M.

21. I hereby certify that I attended the deceased from February 20, 47, to June 5, 1948;
that I last saw her alive on June 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	over 2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13B

Major findings:
Of operations
Of autopsy

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) 0

While at work? (e) Means of injury

23. Signature G. F. Fujikawa (M. D. or other) MD

Address Mo. State San, Mount Vernon, Mo. Date signed 6-5-48

(Licensed Embalmer's Statement on Reverse Side)

NOV 21 1949

RECEIVED
District Health Officer No. 6,
District File Number 648-669
Date Filed JUN 15 1948

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 E. E. Dawson

Licensed Embalmer No. 4417

P. O. Address Tr. C. 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.