No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36282

Registration District No. 137

Primary Registration District No. 5502

Registrar's No. 232

1. PLACE OF DEATH:

(a) County HENRY

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

(c) Name of hospital or institution: BEAR CREEK TWP.
(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 ENTIRE LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42

(c) City or town Montrose, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural - Bear Creek - Twp. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME RALPH BERTRAM SULLIVAN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex M, 0

5. Color or race W.

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

6. (b) Name of husband or wife LULA BARKER SULLIVAN

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased APRIL (Month) 13 (Day) 1879 (Year)

8. AGE: Years 69 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Montrose (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name P. H. Sullivan
13. Birthplace (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Mary M. Marsh
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs Bert Sullivan
(b) Address Montrose, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Trays Chapel Cemetery

18. (a) Signature of funeral director H. L. Dusault
(b) Address Clinton, Mo.

19. (a) 11-19-48 (Date received local registrar) (b) R R Kenney (Registrar's signature) 1/25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17, year 1948 hour 10 minute a. M.

21. I hereby certify that I attended the deceased from Aug 30, 1946 to Sept. 9, 1948 that I last saw him alive on Sept. 9, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ch. myocardosis	2 yrs
Due to Hypertension	
Due to arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 93

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. E. Baggerly (M. D. or other) MD
Address Montrose Mo Date signed 11-19-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer N
District File Number 0-48-1
Date Filed 11-22-8

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 H. L. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.