

7. S. No. 300  
50M-10-47  
Rev. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40479**  
Registrar's No. **219**

Registration District No. **150**

Primary Registration District No. **5572**

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

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Rural Prairie Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson Co. Home for Aged 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 ds  
(Specify whether)

In this community 1 1/2 yrs.  
years, months or days

**3. (a) PRINT FULL NAME** GEORGE SULLINS

3. (b) If veteran, name war no

3. (c) Social Security No. 500-01-3924

4. Sex Mo

5. Color or race W

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

6. (b) Name of husband or wife Sarah Vesta Sullins

6. (c) Age of husband or wife if alive 1874 years

7. Birth date of deceased 1-1-1874  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>74</u>	<u>11</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Retired Bdg. & Bldg. Dept.

11. Industry or business Mo. Pac. Railroad

**MOTHER FATHER**

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Jackson Co. Home, Records

(b) Address Rt #4 - Indep Mo.

17. (a) **Removal** (b) Date thereof 12-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Branson, Missouri

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) DEC 15, 1948 (b) Ronald C. Emshaus  
(Date received local registrar) (Registrar's signature)

**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. 4038 Michigan **8**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month 12 day 14  
year 1948 hour 10 minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec 1  
1948 to 12-14, 1948

that I last saw him alive on 12-14, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cortic arteriosclerosis

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

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

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

Major findings: \_\_\_\_\_

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

Of autopsy 920

**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? \_\_\_\_\_

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

(e) Means of injury 0

23. Signature J.W. Green (M. D. or other) **0**

Address Independence Mo Date signed 12/14/48

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**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.....

Licensed Embalmer No. *2999*

P. O. Address..... *K.C.*

**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.**