

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41309

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5272</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 42 years		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		1949	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				d. STREET ADDRESS (If rural, give location) 5335 Harrison			
3. NAME OF DECEASED (Type or Print) a. (First) MISS JOSEPHINE			b. (Middle) SULLIVAN		c. (Last) SULLIVAN		4. DATE OF DEATH (Month) (Day) (Year) Dec 9 1949
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 10-29-1889	
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Hofferman's Inc.		11. BIRTHPLACE (State or foreign country) Lexington, Missouri	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Barnolmew Sullivan			13b. MOTHER'S MAIDEN NAME Mary Haley		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 487-03-0681		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Rose Sullivan 5335 Harrison			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coeliac ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Bladder DUE TO (c) Terminal Meningitis (Probable)					INTERVAL BETWEEN ONSET AND DEATH 2 months 18 months 4 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 181X					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-8</u> , 19 <u>49</u> , to <u>12-9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-8</u> , 19 <u>49</u> and that death occurred at <u>6:55 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE P. D. BYERS (Degree or title) P. D. Byers A. M. D.				23b. ADDRESS 315 Alameda Rd., KC2, Mo.		23c. DATE SIGNED 12-9-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 12 1949		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 12-12-49		REGISTRAR'S SIGNATURE Staldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Lurk J. Train		ADDRESS 20 West Linwood	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Ferris D. Coldenow

Licensed Embalmer No. *4714*

P. O. Address *K.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.