

FILED FEB 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 43999

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5820 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>New Windsor</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MD</u> b. COUNTY <u>New Windsor</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Freedom Box, New Windsor</u>		c. LENGTH OF STAY (in this place) <u>1</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Freedom Mo. Road</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>John</u> c. (Last) <u>Sullivan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NO</u>	8. DATE OF BIRTH <u>May 31, 1949</u>	9. AGE (In years last birthday) <u>5</u>	10. MONTHS <u>24</u>	11. HOURS <u>24</u>	12. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Dorchester Mass.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Joseph John Sullivan</u>		13b. MOTHER'S MAIDEN NAME <u>Genevieve Ellis</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Genevieve Sullivan</u>		ADDRESS <u>Station</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Genevieve Sullivan</u>			MEDICAL CERTIFICATION <u>Flue & Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Flue & Bronchial Pneumonia</u> DUE TO (c) <u>weak baby</u>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>weak baby</u>					<u>480X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7:48 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>
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22. I hereby certify that I attended the deceased from Nov 24, 1949, to Nov 25, 1949, that I last saw the deceased alive on Nov 24, 1949, and that death occurred at 7:48 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. B. B. M.D.</u>	23b. ADDRESS <u>GIDEON MO</u>	23c. DATE SIGNED <u>Nov-25-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-26-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stonfield</u>	24d. LOCATION (City, town, or county) (State) <u>New Clarkton</u>
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DATE REC'D BY LOCAL REG. <u>2-20-50</u>	REGISTRAR'S SIGNATURE <u>Mr. Byron Sharp</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold L. Russell</u>	ADDRESS <u>Harold L. Russell</u>
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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.....

Licensed Embalmer No.....

P. O. Address.....

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.