

1940 AUG 14 1940 399
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3066

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Major Clinic 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 52 Years (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME John Sullivan 415

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb. 10, 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 19
If less than one day hr. min.

9. Birthplace Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Attorney 7

11. Industry or business _____

12. Name Patrick Sullivan 9

13. Birthplace Ireland 1
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Freeman

(b) Address 6845 Locust Street

17. (a) Burial (b) Date thereof 8-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) July 31, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3520 Holmes Street
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th year 1940 hour 10 minutes 55 P. M.

21. I hereby certify that I attended the deceased from 11:50 AM July 29th 1940 to July 29th 1940 that I last saw _____ alive on July 29th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration
which occurred about
9:30 PM July 28th 1940

Due to _____

Due to Probably cerebral artery sclerosis and hypertension

Other conditions hypertension
(Include pregnancy within 6 months of death)

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? 31A1

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Herman [unclear] (M. D. or other) _____

Address 3100 Euclid Ave, City Date signed 7/30/40

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.....

Clarence W. Chiles

Licensed Embalmer No.

3473

P. O. Address.....

W. C. M. E.

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, above space should be left blank.