S. No. 2
-11-10-39
5-17-39
I X21492

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

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1168

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 128

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: St. Mary's 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether
In this community ------
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Miami 999

(c) City or town Osawatomie 14
(If outside city or town limits write "RURAL") 0

(d) Street No. 1131 5th Street 2
(If rural, give location)

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

3. (a) PRINT FULL NAME Jeremiah W. Mr. J.W.Sullivan

3. (b) If veteran, name war -----

3. (c) Social Security No. 509-10-2696

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased February (Month) 10 (Day) 1880 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	10	27	hr. min.

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

10. Usual occupation Engineer

11. Industry or business Railroad

FATHER
12. Name W.H.Sullivan
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Shum
15. Birthplace (City, town, or county) Canada 3 (State or foreign country)

16. (a) Informant William Sullivan
(b) Address 1131 5th St. Osawatomie Kans

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1 (Month) 8 (Day) 41 (Year)
(c) Place: burial or cremation Osawatomie Kansas

18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City, Kansas

19. (a) Jan 9 1941 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1941 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 19, 1940, to Jan 7, 1941;
that I last saw him alive on Jan 7, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage with encephalomalacia	19 days
Due to	
Due to Arterial Hypertension	?
Other conditions (Include pregnancy within 3 months of death) 83a	

Major findings:
Of operations
Of autopsy Rx Cerebral Hemorrhage 0 encephalomalacia

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

23. Signature J. E. Castles (M. D. or other)
Address 1002 Argyle Bldg Date signed Jan 8-41

(Licensed Embalmer's Statement on Reverse Side) Kansas City, Mo

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 D Ross Blanford

Licensed Embalmer No. 4015

P. O. Address 41st & State Lin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.