No. 2
1-13-40
-17-39
X23159

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

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1837

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 67

1. PLACE OF DEATH:
(a) County: BUCHANAN
(b) City or town: ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Ho. (Specify whether years, months or days)
In this community many years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 1710 Jule (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Basil Benonia Sullivan
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Nellie Nellie-Sullivan
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: June 20, 1865 (Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace: ? (City, town, or county) Ky. (State or foreign country)
10. Usual occupation: Emp. Hope Bd. of Hd. Coll — Retired
11. Industry or business: ?
FATHER 12. Name: Robert Sullivan
13. Birthplace: ? (City, town, or county) Ky. (State or foreign country)
MOTHER 14. Maiden name: Nancy Bedsaks
15. Birthplace: ? (City, town, or county) Ky. (State or foreign country)
16. (a) Informant: Mrs. B. B. Sullivan
(b) Address: 1710 Jule St. Joseph
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 18 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakland Cem.
18. (a) Signature of funeral director: Roy Stamey
(b) Address: St. Joseph Mo.
19. (a) Jan 15-1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 15 day ____ year 1941 hour 11 minute a. M.
21. I hereby certify that I attended the deceased from Dec. 28, 1940 to Jan. 15, 1941, that I last saw him alive on Jan. 15, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: bronchopneumonia	1 wk.
Due to: cellulitis of r. hand & arm	2 wks.
Due to: slight abrasion of unknown origin (possibly self inflicted)	
Other conditions (Include pregnancy within 3 months of death): Pt. confused & maniacal	

Major findings:
Of operations: [illegible]
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 1-31
(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
23. Signature: T. J. Gill (M. D. or other)
Address: St. Joseph Date signed 1-15-41

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Jan 15 1941 ....., Registered Apprentice No. .....

working under my personal supervision.

Signed John Roy Stone

Licensed Embalmer No. 2435

P. O. Address St. Joseph Mo

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

If this body is not embalmed, fact should be so stated above.