

Registration District No. **3002**

Primary Registration District No. **3002**

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)
In this community Life

3. (a) PRINT FULL NAME Clarence Joseph Sullivan

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Nov 8 - 1939
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>3</u>	<u>4</u>	hr. min.

9. Birthplace Mexico, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Harry Sullivan

13. Birthplace Wenonia, Ill. (City, town, or county) (State or foreign country)

14. Maiden name Holena Gino

15. Birthplace New Truxton, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Harry Sullivan

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 2/14/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Chas. Amadio

(b) Address Mexico, Missouri

19. (a) Feb 13 - 1940 (b) Blanche Keely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. E. LaFayette
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 41 hour 3 AM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 30, 1941, to Feb 12, 1941; that I last saw him alive on Feb 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchial Pneumonia (influenza origin)
Due to influenza
Due to malnutrition

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence _____
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2 3

(Specify type of place) (e) Means of injury _____

23. Signature Harry F. Owen (M. D. or other) _____
Address Mexico, Mo Date signed 3/13/41

Duration
Feb 1-41
Jan 25-41
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 3-41-587

Date Filed MAR 10 1941

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.....

Licensed Embalmer No. 35690

P. O. Address Mexico

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

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