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K23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1949

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10984
Registrar's No.

Registration District No. 411

Primary Registration District No. 2002

1. PLACE OF DEATH: Jasper
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution St. John's Hospital
(d) Length of stay: In hospital or institution 1 day
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Waco, Rural
(d) Street No. Forest Park Resort
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME MARY EILEEN SULLIVAN
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mch day 28
year 41 hour 7 minute 05 P. M.
21. I hereby certify that I attended the deceased from
that I last saw h. ~~alive on~~ ^{did not see her alive}
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 21, 1933.

Immediate cause of death Expansion Burns
Due to Benning Building
Other conditions
Major findings: Of operations
Of autopsy
Duration

8. AGE: Years 7 Months 9 Days 07
If less than one day hr. min.

9. Birthplace Waterloo Iowa
10. Usual occupation Student

11. Industry or business
12. Name Henry Sullivan
13. Birthplace Marionville Missouri
14. Maiden name May Cawyer
15. Birthplace Iowa Falls Iowa

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Mch 27, 1941
(c) Where did injury occur? Jackson Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
3721 Public Tourist Camp

16. (a) Informant Mrs. May Cawyer
(b) Address Forest Park Resort, Waco, Mo.
17. (a) Burial (b) Date thereof 3-30-41
(c) Place: burial or cremation Waco Missouri
18. (a) Signature of funeral director Lanpher Mortuary
(b) Address Joplin, Missouri
19. (a) 3-29-41 (b) U.S. Jones

23. Signature Dr. Webster
Address Carthage Mo. Date signed Mch 29

(Licensed Embalmer's Statement on Reverse Side)

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

9
2
5

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.....

F. M. Jones

Licensed Embalmer No.....

2319

P. O. Address.....

Joplin mo

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.