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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1941

Registration District No. 37

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5053

State File No. 24422

Registrar's No.

1. PLACE OF DEATH:

(a) County Barry

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

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

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 005

(a) State Missouri (b) County Barry 0

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

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME John Richard Sullivan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 21 (Day) 1868 (Year)

8. AGE: Years 73 Months 4 Days 22 If less than one day hr. min.

9. Birthplace Hendrix County (City, town, or county) Ind (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Matthew H. Sullivan
13. Birthplace (City, town, or county) North Carolina (State or foreign country)
14. Maiden name Katherine Lowe
15. Birthplace (City, town, or county) North Carolina (State or foreign country)

16. (a) Informant Rex Sullivan
(b) Address R#1 Washburn Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation True Love Cem.

18. (a) Signature of funeral director Boon Funeral Home
(b) Address Cassville, Mo.

19. (a) (Date received local registrar) (b) 900 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1941 hour 2 minute 45 P M.

21. I hereby certify that I attended the deceased from July 7, 1941 July 12, 1941;
that I last saw him alive on July 12, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis Uremia	7 2 days
Due to Chronic Prostatic hypertrophy	
Due to	
Other conditions (Include pregnancy within 3 months of death) 92	

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

23. Signature E. E. McDaniel (M. D. or other) AB DO
Address Cassville Date signed 7/14/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 841-1359
Date Filed AUG 1 1 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed ~~by me, or by~~ _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address Cassville Mo

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

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

No. 2B
—8-21-41
T X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24422

Registration District No. 37 Primary Registration District No. 5053 Registrar's No.

WRITE PLAINLY—FADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Barry

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John R. Sullivan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 13 (Day) 1941 (Year)

8. AGE: Years 73 Months 4 Days 22 If less than one day ... min.

9. Birthplace Hendrix Co. Ind. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name Matthew H. Sullivan
13. Birthplace North Carolina (City, town, or county) (State or foreign country)
14. Maiden name Katherine Landack
15. Birthplace North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Ref. Sullivan
(b) Address R#1 Washburn Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 14 (Day) 41 (Year)
(c) Place: burial or cremation True Love Cem.

18. (a) Signature of funeral director Noon Funeral Home
(b) Address Cassville, Mo.

19. (a) 7/14/41 (Date received local registrar) (b) Freida Edens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1941 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 7 1941 to July 12 1941;
that I last saw him alive on July 12 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis threma

Due to Chronic prostatic hyperbroblay

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

93d

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)
(b) 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 E. E. McDaniels (M. D. or other) O. D.
Address Cassville, Mo. Date signed 7/14/41