

2
4-41
7-39
X26390

Registration District No. 26

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 a hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 14 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Rual (If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. Mexico (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME Bert Sullivan

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Sullivan 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased August 8 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 1 1 _____ hr. _____ min.

9. Birthplace Warren County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Abner Sullivan
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Hattie Hawlin
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Tony Sullivan

(b) Address R.F.D. #2, Mexico, Mo.

17. (a) Burial (b) Date thereof Sept. 12, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Carl E. Pruebs

(b) Address Mexico, Mo.

19. (a) Sept. 10-41 (b) Blanche Keely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9th
year 1941 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 6, 1941, to Sept 9, 1941;
that I last saw him alive on Sept 9, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Dilatation of heart acute
Due to myocarditis chr
nephritis chr. 2 yrs

Other conditions arterio-sclerosis
(including pregnancy within 3 months of death)
Major findings: MI (65% of L.V.)
SEP 23 1941
Of autopsy 1315

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Bureau of Vital Statistics
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? _____

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

23. Signature R. S. Williams (M. D. number)

Address Mexico Mo Date signed 9/10/41

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

SEP 23 1943

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.....

Earl E. Precht

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Earl E. Precht

Licensed Embalmer No. **3189**

P. O. Address **Mexico, 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.