DEPARTMENT OF COMMERCE
FILED SEP 21 1941
BUREAU OF VITAL STATISTICS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32349

Registration District No. 735 | Primary Registration District No. 3034 | Registrar's No.

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly City limits
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wabash Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days) In this community 0 Life

2. USUAL RESIDENCE OF DECEASED: 088
(a) State Missouri (b) County Randolph 6
(c) City or town Moberly 3
(If outside city or town limits, write "RURAL")
(d) Street No. 404 Epperson
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME LeRoy Leo Sullivan
3. (b) If veteran, name war ____
3. (c) Social Security No. 703-01-2162

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, divorced Married
6. (b) Name of husband or wife Irene Sullivan
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased July (Month) 15th (Day) 1885 (Year)

8. AGE: Years 56 | Months 2 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) 4 (State or foreign country)
10. Usual occupation Dispatcher
11. Industry or business Wabash RR

MOTHER FATHER
12. Name Patrick Sullivan
13. Birthplace ____ (City, town, or county) Ireland 4 (State or foreign country)
14. Maiden name Ellen O'Hearn
15. Birthplace ____ (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs Irene Sullivan
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21st 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (a) Sept 21-41 (Date received local registrar) (b) Frank Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 24 year 1941 hour 12 minute 20 a.m.
21. I hereby certify that I attended the deceased from Sept 13, 1941, to Sept 19, 1941; that I last saw him alive on Sept 19th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia — Duration
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Major findings: Of operations Not done
Of autopsy Not done

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) No
(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 J. G. Murphy (Mr. Dr. or other) M.D.
Address Wabash Hospital, Moberly, Mo Date signed Sept 20

(Licensed Embalmer's Statement on Reverse Side)

SEP 2 5 1941

MAR 1 1 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly Mo

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

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