

No. 2  
-1-4-41  
5-17-39  
I X 289

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34722

FILED NOV 4 1941

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 316

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital 12  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 4 weeks  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City, Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 901 West High Street  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29<sup>th</sup>  
year 1941 hour 4:00 minute am  
21. I hereby certify that I attended the deceased from 10/21/41  
to 10/29/41 1941  
that I last saw her alive on 10/29/41 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Varicella - Pneumonia

Due to Cerebral Hemorrhage  
Hypertension

Other conditions  
(Include pregnancy within 3 months of death)  
None

Major findings:  
Of operations none  
Of autopsy none

Duration  
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 W. H. Raybo (M. D. or other) \_\_\_\_\_  
Address Jefferson City, Mo Date signed 10/20/41

3. (a) PRINT FULL NAME Mrs. Lillian Clara Sullivan

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife E. Ray Sullivan 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased September 16 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
43 1 13 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jacob Weiler

13. Birthplace Cole County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Ellis Donnell

15. Birthplace Russellville, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Sullivan

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Oct-31-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director W. H. Raybo

(b) Address Jefferson City, Missouri

19. (a) 10-31-41 (b) W. H. Raybo  
(Date received local registrar) (Registrar's signature)

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

6  
5  
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**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 *Fred P. Dully*

Licensed Embalmer No. 3890

P. O. Address *Jefferson City 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.**