

DEC 3 1 1941

Registration District No. 400

Primary Registration District No. 555218

Registrar's No. 160

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kadiddle: Blue, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jackson County Home Little Blue Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 Months
(Specify whether
 In this community 6 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3518 Garner
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 11 years.

3. (a) PRINT FULL NAME Della Sullivan
 (b) If veteran, name war No (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 10 day 25
 year 1941 hour 5 minute P M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow 2
 6. (b) Name of husband or wife Maurice M. Sullivan
 6. (c) Age of husband or wife if alive 14 years
 7. Birth date of deceased May 14 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1, 1941 to Oct 25, 1941
 that I last saw her alive on Oct 24, 1941
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>5</u>	<u>11</u>	<u>hr. min.</u>

Immediate cause of death chronic myocarditis

9. Birthplace Syracuse 0 Missouri
(City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions 93d
(Include pregnancy within 3 months of death)

10. Usual occupation House Wife

11. Industry or business At Home

12. Name Wm. Stodgall

13. Birthplace 1 Virginia
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace 9 No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Frank W. Sullivan

(b) Address 2716 Troost

17. (a) Burial (b) Date thereof 10/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director F.S. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 10/27/41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy _____

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 [Signature] (M. D. or other) 0
 Address Independence Date signed 10-41

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

14
0
0

MOTHER FATHER

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

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed J. Blair Sheppard

Licensed Embalmer No. 4179

P. O. Address R. C. 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.