

D JUN 30 1943
Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Colberg Yards-Sheffield Station
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 years
(Specify whether 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. 3434 Penn
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN J. SULLIVAN

3. (b) If veteran, name war No

3. (c) Social Security No. 486-07-2605

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th year 1943 hour 12: minute 45 A. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Roberta

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased January 20th, 1914
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him as Deputy Coroner, 19____; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>29</u>	<u>4</u>	<u>26</u>	____ hr. ____ min.

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

Immediate cause of death Railway Traumatism

Due to Fracture of left leg

Due to Multiple Rib fractures

10. Usual occupation _____

11. Industry or business Milwaukee Railroad Co.

MOTHER { 12. Name Thomas Sullivan

13. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Lawler

15. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roberta Sullivan

(b) Address 3434 Penn Ave.

17. (a) Burial (b) Date thereof 6/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Quirk and Palmer

(b) Address 20 West Linwood

19. (a) 6-17-43 (b) P. E. Brown
(Date received local Registrar) (Registrar's signature)

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 169 169-6 50

Of operations _____

Of autopsy See Above

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) Accident 123

(b) Date of occurrence June 16, 1943

(c) Where did injury occur Kansas City Jackson Mo
(City or town) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? Yes (Specify type of place) R.R.

23. Signature P. E. Brown (M. D. or other) M. D.

Address 23rd McCoy Date signed 6/16/43

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

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.....

.....
working under my personal supervision.

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

Signed.....

Charles M. Lurk

..... Licensed Embalmer No. *3774*.....

..... P. O. Address. *PC, 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.