

FILED DEC 9 1943

Registration District No. **316**

Primary Registration District No. **6075**

Registrar's No. **342**

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Mo. State Hospital No. 4 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 9 mos. 1 d.  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JESSE A. SULLIVAN

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race W.

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

6. (b) Name of husband or wife Elma Sullivan

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

7. Birth date of deceased November 30, 1876  
(Month) (Day) (Year)

8. AGE: Years 166 Months 10 Days 27

If less than one day hr. min.

9. Birthplace Ripley County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER

12. Name James Sullivan

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

14. Maiden name Nancy Henry

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 10-29-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakgrove Cemetery

18. (a) Signature of funeral director Black Mortuary

(b) Address Doniphan, Missouri

19. (a) Nov. 5, 1943 (b) Byrdie Bukhmaster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley

(c) City or town Doniphan  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27  
year 1943 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from January 26, 1942 to October 27, 1943  
that I last saw him alive on October 27, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis - Generalized & marked

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Psychosis Central  
(Include pregnancy within 3 months of death)

Major findings: Arteriosclerosis 2 yrs.

Of operations \_\_\_\_\_

Of autopsy 97

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) (c) Means of injury

23. Signature James A. Sullivan (M. D. or other) \_\_\_\_\_

Address Farmington, Mo. Date signed 10/27/43

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

94  
0  
0

94  
0  
0

1196

RECEIVED

District Health Officer No. 4  
District File Number 1243-3014  
Date Filed 12-8-43

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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 Paul J. Miles

Licensed Embalmer No. 3753

P. O. Address Farmington, 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.**