

FILED JUN 20 1944

Registration District No. 3

Primary Registration District No. 4449

Registrar's No.

1. PLACE OF DEATH:

(a) County REYNOLDS
(b) City or town ELLINGTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community boys
years, months or days

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

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife KATHERINE 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased SEPT 14 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 23 If less than one day hr. min.

9. Birthplace ELON Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER

12. Name HENRY SULLIVAN

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

14. Maiden name RACHAEL EDGEINGTON

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

16. (a) Informant Thomas Young

(b) Address Ellington Mo

17. (a) BURIAL (b) Date thereof 5-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Popk Cemetery

18. (a) Signature of funeral director Phil A. Tenchell

(b) Address Ellington Mo

19. (a) May 14-44 (b) Miss Evans
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County REYNOLDS
(c) City or town RURAL
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 7
year 1944 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from May 7
1944, to May 7, 1944

that I last saw him alive on May 7
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac
Asthma

Duration

1 day

Due to Arterio Sclerosis 2 years

Due to

Other conditions 95C2
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature A. J. Bugg M.D. (M. D. or other)

Address Ellington, Mo Date signed 5-7-44

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

RECEIVED

District Health Officer No. 5

District File Number

644358

Date Filed

6-15-44

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 5-7-44

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

Signed

Philip A. Leuchel

Licensed Embalmer No.

2936

P. O. Address

Van Buren 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.