

FILED DEC 7 1944

Registration District No. _____

Primary Registration District No. 5672

Registrar's No. _____

1. PLACE OF DEATH
(a) County Linn
(b) City or town Rural Burial
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: hap
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Linn
(c) City or town Rural 57
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? 1 (Yes or No) 0
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 21
year 1944 hour 9:30 minute 7 P. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Aug 12 1870
(Month) (Day) (Year)

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

8. AGE: Years 74 Months 3 Days 9 If less than one day _____ hr. _____ min.

Immediate cause of death accidental Drowning ✓
Duration _____

9. Birthplace Old Alexandria MO
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation _____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

11. Industry or business Fairies

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Ben's Sullivan
13. Birthplace Linn MO
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____

14. Maiden name Frances Hall
15. Birthplace Old Alexandria MO
(City, town, or county) (State or foreign country)

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? ✓

16. (a) Informant Willis Greenhaw
(b) Address Foley MO
17. (a) Burial (b) Date thereof 11 29 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cementary
18. (a) Signature of funeral director W. J. Bradley
(b) Address Esther

19. (a) 11-29-44 (b) Mrs. Susan Swan
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury Acting Coon
23. Signature J. C. ... (Mr., Dr., or other)
Address ... Date signed 11/29/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-5-44

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.....

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

Signed W. J. Bradley

Licensed Embalmer No. 3966

P. O. Address E. Perry

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec
Registrar's No. _____

Registration District No. 180

Primary Registration District No. 5672

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Rural Burr Oak Mo
(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 _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Ben C. 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 _____

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

7. Birth date of deceased: Aug 12 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days _____ If less than one day, _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day 21 Year 1944 Hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above. Immediate cause of death accidental drowning

Due to _____
Due to _____

Other conditions _____
(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) Accident

(b) Date of occurrence Nov-21-1944

(c) Where did injury occur? Rural Route 2000-
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Rural-Prinny Hotel

While at work? no (Specify type of place) (e) Means of injury drowning

23. Signature _____ (M. D. or other) _____

Address Edwards St Date signed 12/18/44

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

SUPPLEMENTAL

38231