

FILED JAN 11 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40379

Registrar's No. 5298

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2851 Holly
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 50 Years
years, months or days)

3. (a) PRINT FULL NAME Clara L. SULLIVAN.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Stephen Sullivan 6. (c) Age of husband or wife if alive *** years

7. Birth date of deceased September 15th, 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 10
If less than one day hr. min.

9. Birthplace Buffalo New York
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name Felix A. Voltz

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

14. Maiden name Mary A. Wyand

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

16. (a) Informant Mary L. Sullivan

(b) Address 3619 Prospect Ave.

17. (a) Burial (b) Date thereof 12/28/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley

(b) Address K. C. Mo.

19. (a) 12-29-44 (b) N. E. Brown
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3619 Prospect Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25 year 1944 hour 7 minute 05 P. M.

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.

Immediate cause of death _____

Coronary Occlusion

Due to Suddenly

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: no operation
Of operations: no autopsy history

Of autopsy: inspected

22. If death was due to external causes, fill in the following:

(a) Accident; suicide, or homicide (specify) not accident

(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 J. N. Owens (M. D. or other)

Address 11 S. 4th Date signed 12/26/44

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.