

FILED APR 17 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **12981**

Registration District No. **141**

Primary Registration District No. **3025**

Registrar's No. **30**

1. PLACE OF DEATH:

(a) County **Howell**
(b) City or town **West Plains**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Residence /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **No.** (Specify whether
In this community **30 years.** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howell 46**
(c) City or town **West Plains /**
(If outside city or town limits, write "RURAL")
(d) Street No. **930 Webster /**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **CONRAD MUTH SULLIVAN**

3. (b) If veteran, name war
3. (c) Social Security No. **497-24-4486**

4. Sex **male ()** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
(b) Name of husband or wife **Mary Ann** (c) Age of husband or wife if alive **65** years
Prentice Sullivan
7. Birth date of deceased **January 3, 1875**
(Month) (Day) (Year)

8. AGE: Years **71** Months **2** Days **0** If less than one day
hr. min.

9. Birthplace **Grange, Arkansas /**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business

MOTHER FATHER

12. Name **P. H. Sullivan**
13. Birthplace **Ark. /**
(City, town, or county) (State or foreign country)
14. Maiden name **Lorenda Jane Short**
15. Birthplace **Ark. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. C. M. Sullivan**
(b) Address **West Plains, Mo.**
17. (a) **Burial** (b) Date thereof **Mar. 5, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
Oak Lawn Cemetery, West Plains, Mo.
(c) Place: burial or cremation

18. (a) Signature of funeral director **Hal Thomburg**
(b) Address **West Plains, Mo.**
19. (a) **3-16-46** (b) **Gladys Harrison**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3**
year **1946** hour **3:** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **February 27**, 19 **46** to **March 3**, 19 **46**
that I last saw him alive on **March 3**, 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary thrombosis
Due to **Atherosclerosis**

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **g.m.**
Of autopsy

Duration

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 **Walter H. Harrison** (M.D. or other)
Address **West Plains, Mo. 3/7/46** Date signed

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

RECEIVED
District Health Officer No. 5,
District No. 446270
Date Filed 4-16-46

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

Signed Hal Thourburgh
Licensed Embalmer No. 3408
P. O. Address Walt Plains ^{8No1}

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.