

FILED JUL 10 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2817

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 hours
(Specify whether years, months or days)

In this community 36 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 606 W. 20th St. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charles Frederick Sullivan

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased June 21 1946
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 23
year 46 hour 5:45 minute 0 M.

21. I hereby certify that I attended the deceased from June 21, 1946 to June 23, 1946.
that I last saw him alive on June 23, 1946.
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

1¹/₂ hr. min.

Immediate cause of death Congenital Cardiovascular Disease

Date Coarctation of Aorta

Due to Patent Ductus Arteriosus

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

10. Usual occupation infant

Other conditions 1572
(Include pregnancy within 3 months of death)

Major findings: 1572

Of operations

Of autopsy

11. Industry or business

MOTHER FATHER { 12. Name Charles F. Sullivan

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

{ 14. Maiden name Mary Ann Smith

{ 15. Birthplace Kansas City Missouri
(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?
(Specify type of place)

16. (a) Informant Chas. F. Sullivan

(b) Address 606 W. 20th Kansas City, Mo.

17. (a) Burial (b) Date thereof June 24, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cemetery

23. Signature [Signature] (M. D. or other) MD
Address St. Joseph Hospital Date signed 24 June

18. (a) Signature of funeral director [Signature]

(b) Address 20 W. Linwood, Kansas City.

19. (a) 6-24-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

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 Howard W. Farmer.....

Licensed Embalmer No. 4134.....

P. O. Address Kansas City 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.