

FILED JUN 21 1946

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1705 Byers, Joplin, Mo. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)

In this community All her life
years, months or days

3. (a) PRINT FULL NAME Leola Crosley Sullivan

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

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

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

7. Birth date of deceased: October, 27, 1912
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	33	6	12	hr. min.

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

10. Usual occupation: Housewife

11. Industry or business

MOTHER FATHER

12. Name: John Crosley

13. Birthplace: Joplin, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Carrie Schinzel

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

16. (a) Informant: Mr. Chas. A. Crosley

(b) Address: 331 N. Maple, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-10-46
(Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director: Parker-Hunsaker

(b) Address: 1502 Joplin, Joplin, Mo.

19. (a) 5-17-46 (b) Ed [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 331 N. Maple
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1946 hour 6 minute A M.

21. I hereby certify that I attended the deceased from [Signature] 19 [Signature] 19 [Signature] that I last saw him alive on [Signature] 19 [Signature] and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion
Due to Acute Arteriosclerosis

Due to [Signature] Other conditions: (Include pregnancy within 3 months of death) 940

Major findings: Of operations: [Signature] Of autopsy: Complete block in coronary artery

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?

23. Signature: [Signature] (M. D. or other) While at work? (Specify type of place) (e) Means of injury: [Signature]
Address: 314 Joplin Date signed: 5/17/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

46-5-458

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 F. M. Jones
Licensed Embalmer No. 2519
P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply 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.

Registration District No. 156

Primary Registration District No. 2001

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1. PLACE OF DEATH:

(a) County Jasper
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(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 Leola C. Sullivan

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

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Oct 27 1911
(Month) (Day) (Year)

8. AGE: Years 33 Months 6 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife

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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) Ed J. ... (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 Oct Year 1946 hour 9 minute ... M.

21. I hereby certify that I attended the deceased from 1946 to 1946,
that I last saw him ... after on ... 19...
and that death occurred on the date and hour stated above.
Immediate cause of death ...

Duration

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)
(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 (M. D. or other)

Address Date signed

SUPPLEMENTARY

MOTHER FATHER

STATE OF MISSOURI

20776