S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31469

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4176

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: Marys Rest Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7-23-47 (Specify whether years, months or days)
In this community 7-23-47 to 10-3-47
same

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Blue Springs Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. East of town 1/2 mile 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LESLIE 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 widowed
6. (b) Name of husband or wife Blanch Sullivan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 8, 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
70	0	25	hr. min.

9. Birthplace Paducah (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation laborer
11. Industry or business
FATHER
12. Name John Sullivan
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Harper
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Walter Mc Conville
(b) Address Blue Springs, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill, Mo.
18. (a) Signature of funeral director Allen Brumfield
(b) Address Pleasant Hill Mo
19. (a) 10-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 1947 hour 12 noon minute M.
21. I hereby certify that I attended the deceased from July 23, 1947, to Oct 3, 1947; that I last saw it alive on Oct 2, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Apoplexy	
Due to Arterial Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83N	
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? (Specify type of place)
While at work? (e) Means of injury 21
23. Signature Gerald Sullivan M.D. (M. D. or other)
Address 1103 Conover Blvd Date signed Oct 3-47

(Licensed Embalmer's Statement on Reverse Side)

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 Allen W. Brumfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill 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.