S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 4 1947
Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34697
Registrar's No. 4425

Primary Registration District No. 1002

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

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 Marys Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days (Specify whether
In this community 63 yrs. 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. 3240 Penn. St. 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Patrick J. Sullivan
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 12 (Day) 1882 (Year)

8. AGE: Years 65 | Months 1 | Days 10 | If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business
FATHER
12. Name Patrick Sullivan
13. Birthplace no record (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Ellen Sullivan
15. Birthplace no record (City, town, or county) Georgia (State or foreign country)
16. (a) Informant Miss Monica Sullivan
(b) Address 3240 Penn. K. C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation St Marys Cem.
18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City, Kansas
19. (a) 10-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
year 1947 hour 2 minute 30 a. M.
21. I hereby certify that I attended the deceased from 8/4/32, 19, to 10/22, 1947
that I last saw him alive on 10/21, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Terminal Pneumonia	
Due to Chronic Emphysema	1932
Due to Chronic Myocarditis	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN
Underline the cause of 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
23. Signature James [illegible] (M. D. or other)
Address 814 Paris Bldg Date signed 10/22

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. R. McVay
Porter Bldg. 3rd + Broadway
Va 5800

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. 3991

P. O. Address 308 East 68th Terr KCMO

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.