S. No. 2
M—1/47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 9 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38453

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4906

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: Conley Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days. (Specify whether
In this community 2 Days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1304 Askew
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clayton Earl 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 Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 20 (Day) 1947 (Year)

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Paul R. Sullivan
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Icel Scott
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Paul Sullivan
(b) Address 1304 Askew St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cem.
18. (a) Signature of funeral director Earp & Sons
(b) Address 4139 East 15th, St.
19. (a) 11-23-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1947 hour 9:15 minute A. M.
21. I hereby certify that I attended the deceased from Nov. 20, 1947, to Nov. 22, 1947
that I last saw him alive on Nov. 22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Paralysis
Due to Intracranial Hemorrhage
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

Duration

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 Dr William C. Adams (M. D. or other) D.D.
Address 1145 Prospect Date signed 11/23/47

Jefferson City Printing Co. (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.....

Licensed Embalmer No.....

P. O. Address.....

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.