

No. 2
-1/47
5-17-39

FILED DEC 26 1947

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 409

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs. 2 mos. 2 d
(Specify whether)

In this community
years, months or days

3. (a) PRINT FULL NAME JULIA A. SULLIVAN

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Female 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 March 24, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>8</u>	<u>5</u>	<u> </u> hr. <u> </u> min.

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

10. Usual occupation Clerical Work

11. Industry or business

12. Name Timothy Sullivan

13. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Duggan

15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Old Lorimer Cem., Cape Girardeau, Mo.

18. (a) Signature of funeral director Walther's Funeral Home

(b) Address Cape Girardeau, Missouri

19. (a) 12-19-47 (Date received local registrar)

(b) Esther Rudloff (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 220 South Lorimer St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29
year 1947 hour 7 minute 55 A. M.

21. I hereby certify that I attended the deceased from May 28, 1946 19 to Nov. 29, 1947 19 ;
that I last saw her alive on Nov. 29, 1947 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Intermittent

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

Major findings: Of operations

Of autopsy

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 George H. Reers (M. D. or other)

Address Farmington Mo Date signed 11-30-47

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

MOTHER FATHER

RECEIVED

Health Officer No. 4

District File Number 1247-159

Date Filed 12-23-4

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 *Paul H. Royal*

Licensed Embalmer No. 4120

P. O. Address Farmington 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.