

REC'D FEB 20 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1148

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 161
 (c) City Kansas City (d) Street No. 1114 Baltimore Bray Hotel K.C. Mo. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

WILLIAM CROFTS BULLEN
 (a) Residence, No. 1114 Baltimore K.C. Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 (27) 7 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Correspondent
 9. Industry or business in which work was done, as saw mill, bank, etc. Smith Pub. Co. of Kansas City
 10. Date deceased last worked at this occupation (month and year) about 1935 11. Total time (years) spent in this occupation about 35 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frume, England

FATHER 13. NAME William Crofts Bullen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LOHARTCASTLE Ireland

MOTHER 15. MAIDEN NAME NO record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MAIDVALE-England

17. INFORMANT (Name and Address) Dr. F.A. Baldwin Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial DATE Jan 14 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. H. Forster 918 Brooklyn K.C. Mo.

20. FILED Jan 14 1939 M. H. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12th, 1939

22. I HEREBY CERTIFY That I attended deceased from October 1st 1938 to Jan. 11 1939
 I last saw him alive on Jan. 11 1939. Death is said to have occurred on the date stated above, at 12:25 am Jan 12, 1939
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1935
930

Other contributory causes of importance:

Name of operation none Date of none
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) Frederick A. Baldwin, M. D.
 (Address) 317 Argyle Bldg Kansas City Mo.

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 do with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.