

REC'D FEB 20 1939

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

1361

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kau Primary Registration District No. 1002 Registered No. 374  
(c) City Kansas City Mo (d) Street No. Trinity Lutheran Hosp 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Hotel 7 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-22-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
79 1 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME M. L. R. Bullock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Lucinda J. Cochran

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) M. F. Bullock

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentworth DATE 1/30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine-McClure Kansas City Mo

20. FILED Jan 29, 1939 M. M. Chowe Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1/22, 1939, to 1/28, 1939

I last saw him alive on 1/28/39, 1939. Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial Exhaustion - acute - with

pulmonary oedema - acute

bi-lateral

Date of onset

Other contributory causes of importance:

Prostatic Regeneration Trans. Gleetoid - Hypertrophy of Prostate Gland

Name of operation Prostatic Resection Date of 1/25/39

What test confirmed diagnosis? labatory Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 1939

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?

If so, specify No

(Signed) R. C. [Signature], M. D.

(Address) 1019 Popl Bldg

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**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, above space should be left blank.**