

REC'D SEP 13 1939

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

28683
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township Ponlar Bluff Primary Registration District No. 3007
(c) City Ponlar Bluff, Mo. (d) Street No. _____ St.
(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.

Registered No. 212

2. PRINT FULL NAME Carol Sue Bullock

(a) Residence, No. 811 Park Ave. Ponlar Bluff, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Single

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

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

I HEREBY CERTIFY, That I attended deceased from Aug 17 - 1939 to Aug 20 1939, 1939
I last saw him alive on Aug 20 1939. Death is said to have occurred on the date stated above, at 5:06 a m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 6, 1939

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 15

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Pneumonia Aug 20 - 1939
119

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ponlar Bluff, Missouri

Other contributory causes of importance: Acute enterocolitis Aug 10 - 1939

FATHER 13. NAME Elmo L. Bullock

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ponlar Bluff Missouri

MOTHER 15. MAIDEN NAME Lillie Mae Rimel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ponlar Bluff, Mo.

17. INFORMANT Elmo Bullock
(ADDRESS) Ponlar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE August 22, 1939

19. FUNERAL DIRECTOR (NAME) Greer-Croy Service
(ADDRESS) Ponlar Bluff, Mo.

20. FILED 8/22 39 Blutinger Local Registrar.

22. 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? _____
If so, specify _____ (Signed) J. P. Meeker M. D.
(Address) Ponlar Bluff, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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..... 2964

P. O. Address..... Pleasant Bluff

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.