No. 2
-10-39
7-39
X21492

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

FILED JUN 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17703

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2230

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: 4941 Wabash Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 29 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson

(c) City or town: Kansas City (If outside city or town limits, write "RURAL")

(d) Street No.: 4941 Wabash Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME: Wm. Bullock 1120

3. (b) If veteran, name war: No.

3. (c) Social Security No.: No.

4. Sex: Male

5. Color or race: Wh.

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Cora F. Bullock

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: Jan. (Month) 6th. (Day) 1855 (Year)

8. AGE: Years 85 Months 4 Days 24 If less than one day ... hr. ... min.

9. Birthplace: Woodford Co. (City, town, or county) Ky. (State or foreign country)

10. Usual occupation:

11. Industry or business: Retired Grocery

FATHER 12. Name: Wm. Bullock

13. Birthplace: Ky.

MOTHER 14. Maiden name: Mary Smith

15. Birthplace: Pa.

16. (a) Informant: Mrs. Cora F. Bullock

(b) Address: 4941 Wabash

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June-1-1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Parkville, Missouri

18. (a) Signature of funeral director: Eylar Funeral Home

(b) Address: 1800 Linwood K.C.Mo.

19. (a) May 31, 1940 (Date received by local registrar) (b) M. M. Crane (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1940 hour ... minute ... M.

21. I hereby certify that I attended the deceased from May 24, 1940, to May 30, 1940 that I last saw him alive on May 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	6 days
Due to: Pneumonia - 930	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Senility - Anemia - Hypertrophied Prostate	

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN — Underline the cause to 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: [illegible] (M. D. or other)

Address: Kansas City, Mo. Date signed 5/31/40

(Licensed Embalmer's Statement on Reverse Side)

Bryant, Peter V, 0848

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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