S. No. 2
-11-10-39

FILED DEC 12 [redacted]

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38014

Registration District No. 22 | Primary Registration District No. 4016 | Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town Westboro (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community Forty Eight years 2 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchisoon

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

(d) Street No. (If rural, give location)

0

(e) If foreign born, how long in U. S. A.? 60 years years.

3. (a) PRINT FULL NAME Henry Bullerdiek

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Louise Bullerdiek

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

7. Birth date of deceased Feb, 27th, 1861 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	7	26	hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)

10. Usual occupation Cement Contractor 6

11. Industry or business

FATHER
12. Name ~~[illegible]~~ Wm Bullerdiek 6
13. Birthplace Germany (City, town, or county) (State or foreign country) 6

MOTHER
14. Maiden name Louise Lauman
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address Westboro, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct, 25th, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation St Johns Cemetery

18. (a) Signature of funeral director [signature]

(b) Address Westboro, Missouri

19. (a) Oct 24-1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, 23 day 23rd year 1940 hour 10 minute 45 A M.

21. I hereby certify that I attended the deceased from April 25th, 1938, to Oct 23, 1940; that I last saw him alive on Oct 16, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	2 yrs +
Chronic myocarditis	2 yrs +
Malnutrition	
Due to Loss of appetite	3 mos
Senility	?
Due to	
Other conditions (Include pregnancy within 3 months of death) 92	

Major findings:
Of operations
Of autopsy

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? 967 (Specify type of place)

While at work? (e) Means of injury

23. Signature Charles H Flynn (M. D. ~~or other~~)

Address Tarkio, Mo Date signed 11-23-40

(Licensed Embalmer's Statement on Reverse Side)

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

Scott Tucker, Registered Apprentice No.

working under my personal supervision.

Signed Scott Tucker

Licensed Embalmer No. 2824

P. O. Address Westboro, Missouri

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.