

13-40
17-39
X23159

JAN 25 1941

Registration District No. **288**

Primary Registration District No. **4172**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dunklin

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Thirteen Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Kennett Mo
(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.? _____ years.

3. (a) PRINT FULL NAME Mary Addie Bullock

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1941 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 29, 1940 to Jan 1st, 1941
and that death occurred on Jan 1st, 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife E. B. Bullock 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Nov 26 1890
(Month) (Day) (Year)

Immediate cause of death _____

Due to Pneumonia

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 50 Months 1 Days 5 If less than one day _____ hr. _____ min.

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Hickory Plains Ark
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Marion Cochran

13. Birthplace Don't Know Ark
(City, town, or county) (State or foreign country)

14. Maiden name Furness Campbell

15. Birthplace Don't Know Ark
(City, town, or county) (State or foreign country)

16. (a) Informant E. B. Bullock

(b) Address Kennett Mo

17. (a) Burial (b) Date thereof 1-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem.

18. (a) Signature of funeral director Funeral Home Co

(b) Address Kennett Mo

19. (a) 1-4-41 (b) Thuler Davis
(Date received local registrar) (Registrar's signature)

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? 261

(e) Means of injury _____

23. Signature Thuler Davis (M. D. or other) D

Address Kennett Mo Date signed 1-7-41

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

25
2
7

RECEIVED

District Health Officer No. 2

District File Number 141-96

Date Filed 1/14/41

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, fact should be so stated above.