

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1737

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: George H. Nettleton Home, 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 years,
(Specify whether years, months or days)

In this community 8 years,
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Cora Wellhouse Bullard,

3. (b) If veteran, name war no.

3. (c) Social Security No. NO.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Henry S. Bullard,

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

7. Birth date of deceased January 25 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 0 24 hr. _____ min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name Frederick Wellhouse,

13. Birthplace Ohio,
(City, town, or county) (State or foreign country)

14. Maiden name Susan Housley,

15. Birthplace Ohio,
(City, town, or county) (State or foreign country)

16. (a) Informant George H. Nettleton Home

(b) Address 5125 Swope Parkway, K. C., Mo.

17. (a) Removal, (b) Date thereof 2-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tonganoxie, Kansas.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3255 Gillham Plaza, K. C., Mo.

19. (a) 2/20/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,

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

(d) Street No. 5125 Swope Parkway,
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th,
year 1941 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from January
second 1941 to Feb 19 1941
that I last saw her alive on February 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Perniciouus Anemia

Duration 6 months

Due to _____

Due to _____

Other conditions 720
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature John L. Lapp M. D. or other M.D.

Address 1314 Professional Bldg Date signed 2/12-41

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

1033

Dr. John Lapp.

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.....

J. Allen
.....
Licensed Embalmer No. *1413-*
P. O. Address *1413-170*

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.