

Registration District No. 398
Filed OCT 29 1941

Primary Registration District No. 8554

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Leeds, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Leeds Road & Hunter Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 16 Years
years, months or days

3. (a) PRINT FULL NAME Albert Louis Jullien
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth Atkinson Jullien
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 5, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>7</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Gardener

11. Industry or business _____

12. Name Albert Jullien
13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Rose (No Record)
15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Atkinson Jullien
(b) Address Leeds Rd. & Hunter Ave.

17. (a) Cremation (b) Date thereof 9/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: Elmwood Cremation

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn

19. (a) Sept. 29, 1941 (b) F. L. Cook M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Leeds, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. Leeds Rd. & Hunter Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29
year 1941 hour 2 minute 50 A. M.
21. I hereby certify that I attended the deceased from 4-10-41
9-26-41, 19____, to 9-29-41, 19____;
that I last saw him alive on 9-28-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder
Due to Carcinoma of Bladder
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 528
Of operations _____
Of autopsy _____

Duration 5 Mo
3 Mo

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) (c) Means of injury 0
23. Signature F. L. Cook (M. D. or other) _____
Address Leeds, Mo. Date signed _____

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

MOTHER FATHER

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

J. Clair Shappard

Licensed Embalmer No.

4179

P. O. Address

K.C. Mo.

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.