

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35746**
Registrar's No. **321**

FILLED NOV 10 1941

Registration District No. **668**

Primary Registration District No. **3032**

80
44

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

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
129 East Walnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **45 years** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis 80**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **129 East Walnut**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Mrs. Roseanna Lee Bullard**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Francis M. Bullard** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 23, 1854**
(Month) (Day) (Year)

8. AGE: Years **87** Months **4** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **Saline County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Richard E. Lee**

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

14. Maiden name **Martha Ann Freeman**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. H.S. Ritchey (Dau)**

(b) Address **129 E. Walnut, Sedalia, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 3, '41**
(Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **Dwaine Cowing**

(b) Address **Sedalia, Missouri**

19. (a) **11/3/41** (Date received local registrar) (b) **Mrs. Harry Sneed** (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

20. DATE OF DEATH: Month **Nov** day **1-1941**
year _____ hour **5** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Oct 1941**
36 to **Nov 1941**
that I last saw her alive on **Nov 36/10-24** and that death occurred on the date and hour stated above

Immediate cause of death **Senility** Duration **5 yrs**

Due to _____

Due to _____

Other conditions _____
(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 **8**

23. Signature **W. E. Best** (M. D. or other) _____

Address **Sedalia, Mo.** Date signed **11-3-41**

A. B. Bean
210 1/2 S. Ohio

RECEIVED
District Health Officer No. 8,
District File Number 11-4-41
Date Filed

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 John E. Meyers
Licensed Embalmer No. 3220
P. O. Address Sedalia, 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.