

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38063

State File No.

FILLED DEC 6 1941

Registration District No. 163

Primary Registration District No. 4095

Registrar's No. 516

1. PLACE OF DEATH:

(a) County Reclar
(b) City or town El Dorado spgs 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 3 wks (Specify whether years, months or days)
In this community 30 yrs

3. (a) PRINT FULL NAME MARY FRANCIS BULLINGTON

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 married
6. (b) Name of husband or wife M. A. Bullington 6. (c) Age of husband or wife if alive 15 years
7. Birth date of deceased July 15 1865 (Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 16 If less than one day hr. min.

9. Birthplace St Louis Co (City, town, or county) mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Not Known 13. Birthplace Ill (City, town, or county) 9 (State or foreign country)
14. Maiden name Not Known 15. Birthplace Ill (City, town, or county) 9 (State or foreign country)

16. (a) Informant Jas Bullington (b) Address El Dorado spgs mo

17. (a) Burial (b) Date thereof 11/ 5/ 41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clintonville

18. (a) Signature of funeral director Mrs. F. K. H. H. H. (b) Address El Dorado spgs mo

19. (a) Nov-3-41 (b) J. D. Dawson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Reclar
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. El Dorado spgs R.F.D. (If rural, give location)
(e) Citizen of foreign country? mo (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1 year 1941 hour 12:30 minute T M.

21. I hereby certify that I attended the deceased from Oct 9th 1941 to Nov 1 1941; that I last saw her alive on Nov 1 1941; and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary embolism

Due to

Due to

Other conditions Fractured hip Oct 9th
(Include pregnancy within 3 months of death)
fell off a porch at her
Major findings At home
Of operation

Of autopsy 1862
18

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) 0 2 0
(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 9

23. Signature J. D. Dawson (D. or other) 20
Address El Dorado Springs Date signed 11-12-41

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

154 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 12-41-1969

Date Filed 12-4-41

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

George W. Nafus

Licensed Embalmer No. 2752

P. O. Address El Dorado 3 pgs m

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.