. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6424

FILED MAR 16 1942

Registration District No. 7-42-217 Primary Registration District No. 60-42-5297 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cooper

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

(c) ~~Name of hospital or institution:~~ near Saline Co. Line 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME ROBERT EDWARD LEE BULLARD

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M 1

5. Color or race W

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased ..... (Month) ..... (Day) ..... (Year)

8. AGE: Years	Months	Days	If less than one day
78	11	4	..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name John Bullard 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Miss Bowler
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Melvin Bullard

(b) Address Nelson Mo.

17. (a) ..... (Burial, ~~cremation, or removal~~) (b) Date thereof Feb 10, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Salt Fork Cemetery

18. (a) Signature of funeral director Harry E. Hershberger

(b) Address Marshall Mo.

19. (a) Feb 21, 1942 (Date received local registrar) (b) Mrs. W. E. Shackelford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1942 hour 10:40 minute P M.

21. I hereby certify that I attended the deceased from Jany 2, 1942 to Feb 7, 1942
that I last saw him alive on ~~Jany~~ 7 Feb, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage

Due to Senility and Hypertension

Due to .....

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

Major findings:
Of operations 83a

Of autopsy .....

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature R. W. Stouffer, M.D. (M. D. or other)

Address Nelson, Mo. Date signed .....

1088 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3-13-64

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton 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.