S. No. 2
I—4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15198

State File No.

Registration District No. 677 Primary Registration District No. 4501 Registrar's No.

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla, Mo Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution McFarland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Phelps 81
(c) City or town Rolla Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Sharran Kay Bullock
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 2 (Month) (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day 3 hr. 30 min.

9. Birthplace Rolla (City, town, or county) Mo (State or foreign country)
10. Usual occupation none
11. Industry or business none
12. Name Gilspie Elizabeth Ann
13. Birthplace Richmond (City, town, or county) Mo (State or foreign country)
14. Maiden name Charles T. Bullock
15. Birthplace St James (City, town, or county) Mo (State or foreign country)
16. (a) Informant Chas Louis Bullock
(b) Address Rolla, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Baptist Hi Gate Cem.
18. (a) Signature of funeral director Nuell Son
(b) Address Rolla, Mo
19. (a) April 2 1942 (Date received local registrar) (b) Kelly Walker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1942 hour 10 minute 30 M.
21. I hereby certify that I attended the deceased from April 2, 1942, to April 2, 1942, that I last saw him alive on April 2, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature birth	—
Due to Anitectosis	—
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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature William H Brewer (M. D. or other)
Address St James, Mo Date signed 4/2/42

(Licensed Embalmer's Statement on Reverse Side)

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

Apr 2 Rcoded Book - Roll 1 - 22 81

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.....

Licensed Embalmer No. 2324

P. O. Address.....

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.