S. No. 2
M—5-43
r. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2085

FILED JAN 25 1944

Registration District No. 6 Primary Registration District No. 1000 Registrar's No. 15

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 124 Illinois Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 124 Illinois Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George W. Bulger
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased January (Month) 17, (Day) 1862 (Year)

8. AGE: Years 81 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Barnsville (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Retired Union Pacific
11. Industry or business Railroad
FATHER
12. Name George T. Bulger
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Boyer
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant R.L. Bulger (Son)
(b) Address 301 Indiana, City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/44 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director John E. Welch
(b) Address 6054 Pryor Ave., City
19. (a) 1-8-44 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1944 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from July 13 1940 to Jan 6 1944 that I last saw him alive on Jan 6 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial pneumonia	4 da.
Due to Chronic cystitis	1 yr.
Due to Hypertrophy or Adenomatous prostate	2 yr.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Prostatic resection one year ago
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

23. Signature C. L. Grant (M. D. or other) MD
Address St. Joseph Mo. Date signed 1-9-44

1233

(Licensed Embalmer's Statement on Reverse Side)

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. Rupp

Licensed Embalmer No. 7986

P. O. Address St. Joseph, 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.