

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 18 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9701

State File No. _____
Registrar's No. 1044

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Gen. Hosp. Wp
(d) Length of stay: In hospital or institution General Hosp
In this community 49 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 118 Tracy
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME MARTIN L. BULKELEY
(b) If veteran, name war NO
(c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 3
year 1944 hour _____ minute _____ M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Louise Bulkeley
6. (c) Age of husband or wife if alive 2-6-1875

21. I do not certify that I attended the deceased from March 28, 1944 to March 3, 1944
that I last saw him alive on March 28, 1944
and that death occurred on the date and hour stated above.

7. Birth date of deceased: (Month) 2 (Day) 6 (Year) 1875
8. AGE: Years 69 Months 0 Days 27 If less than one day hr _____ min _____

Duration _____
Cause of death Heart insufficiency
Due to Chronic Arteriosclerosis
Due to _____
Other conditions _____

9. Birthplace: (City, town, or county) Mo. O (State or foreign country) _____
10. Usual occupation Ms.
11. Industry or business Retired
12. Name Martin L. Bulkeley
13. Birthplace N. Y.
14. Maiden name Mary A. Clough
15. Birthplace Mo. O

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Fred Bulkeley
(b) Address Shawnee Kansas
17. (a) Burial (b) Date thereof: 3/6/44
(c) Place: burial or cremation Forest Hill Cem
18. (a) Signature of funeral director Time & McAlone
(b) Address 3235 Gillham Plaza K.C. Mo.
19. (a) 3-6-44 (b) P. E. Brown

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? _____
(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 _____
23. Signature S. B. ... (M. D. or other) _____
Address 226 Washburn Bldg Date signed March 6-44

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.