

FILED JAN 21 1946 STANDARD CERTIFICATE OF DEATH

State File No. 3733

Registration District No. 290

Primary Registration District No. 4427

Registrar's No.

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Waynesville General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)
In this community 3 years

3. (a) PRINT FULL NAME Mary Josephine Bullitt

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 Married
6. (b) Name of husband or wife Eugene Elton Bullitt 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased July 16, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 16 hr. min.

9. Birthplace Miller Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name John Willis 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Rachel Harris 4
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant E. E. Bullitt
(b) Address Crocker, MO.
17. (a) Burial (b) Date thereof 1/5/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crocker Cem.

18. (a) Signature of funeral director J. L. Hoops & Sons
(b) Address Crocker, Mo.
19. (a) 1-10-1946 (b) Robert M. Oddy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85
(c) City or town Crocker, Mo. 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 31
1946 to Feb. 2, 1946
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, bronchitis 3 days
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
107

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?

While at work? (Specify type of place) (Type of work or injury)

23. Signature C. J. Waller (Name of physician)
Address Crocker, Mo. Date 1-5-46

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

Paul B. Hoops

Licensed Embalmer No. *3261*

P. O. Address *Crocker, 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.