

FILED MAR 1 1946 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. ....

Primary Registration District No. 3000

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirksville, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Community Nursing Home  
(If not in hospital or institution, write street number or location).  
(d) Length of stay: In hospital or institution hospital (Specify whether  
In this community 4 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark  
(c) City or town Kahoka  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME George A. Bullard

3. (b) If veteran, name war  3. (c) Social Security No.

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fannie Belle King 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased April 3 (Month) (Day) (Year) 1869

8. AGE: Years 76 Months 9 Days 26 If less than one day hr. .... min.

9. Birthplace York County Pennsylvania (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business .....

12. Name William H. H. Bullard

13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

14. Maiden name Eliza Meyer

15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant Mrs George A. Bullard

(b) Address Kahoka Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-29-46 (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka Mo

18. (a) Signature of funeral director Fred Charles

(b) Address Kahoka Mo.

19. (a) 1-31-46 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 29 year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from JAN. 25, 1946 to JAN 29, 1946 that I last saw him alive on JAN 29, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure hrs. Duration

Due to Hypertensive Heart Disease yrs

Due to .....

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

Major findings: Of operations 93e 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?

While at work? (Specify type of place) (e). Means of injury .....

23. Signature Geo Harrison (M.D. or other) D.O.

Address Kirksville, Mo Date signed .....

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

3476

RECEIVED  
District Health Officer No. 10  
District File Number 2-46-321  
Date Filed FEB-28-1946

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 J. Karla  
Licensed Embalmer No. 1023  
P. O. Address Kahoka 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.