

S. No. 2  
M-8-43  
7-5-17-39  
K37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17182

State File No. ....

**FILED JUN 10 1946**

Registration District No. 173

Primary Registration District No. 4275

Registrar's No. 46

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

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Marionville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community forty years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55  
(c) City or town Marionville 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Robert Welldone Bullock k

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 7 1883

(Month) (Day) (Year)

8. AGE:

93 Years

2 Months

27 Days

If less than one day  
\_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace

Pendleton Co. Kentucky

(City, town, or county) (State or foreign country)

10. Usual occupation

Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name James Bullock  
13. Birthplace not known  
14. Maiden name not known  
15. Birthplace \_\_\_\_\_

not known  
not known  
not known

(City, town, or county) (State or foreign country)  
(City, town, or county) (State or foreign country)  
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs. Gene Burnett

(b) Address

Marionville, Mo.

17. (a)

Burial

(b) Date thereof

5-5-46

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

Marionville  
J. B. Bradford  
Marionville MO.

18. (a) Signature of funeral director

(b) Address

19. (a)

May 6 - 46  
(Date received local registrar)

Dr. W. M. Tate  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH:

Month May day 4  
year 1946 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from

May 3 1946 to May 4 1946  
that I last saw him alive on May 5 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death

Senility

Duration

Due to

Due to

Other conditions

Chronic Glomerular Nephritis.

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? \_\_\_\_\_

23. Signature

Wayne M. Weaver (M.D. or other) D.O.  
Address Marionville, Mo Date signed 5/4/46

RECEIVED

District Health Officer No. 6;

District File Number 646-631

Date Filed JUN 7 1946

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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 Ferman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.**