

No. 2
1-5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 195

FILED JAN 20 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 17

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:
2207 Doniphan Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 48 years
years, months or days

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. 2207 Doniphan Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Aaron S. Bullock

3. (b) If veteran, name war No

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 May D. Bullock

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 6 1964
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>32</u>	<u>8</u>	<u>27</u>	hr. min.

9. Birthplace Unknown Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Govt. Bridge Insp.

11. Industry or business U. S. Government

MOTHER, FATHER

12. Name Willis W. Bullock

13. Birthplace Unknown New York /
(City, town, or county) (State or foreign country)

14. Maiden name Cynthia Hastings

15. Birthplace Unknown New York /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. May D. Bullock

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 1/7/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Beulah & Bowler

(b) Address St. Joseph, Mo.

19. (a) 1-8-47 (b) H. S. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1947 hour 8 minute 30.9 M.

21. I hereby certify that I attended the deceased from Dec 26, 1946 to Jan 3, 1947
that I last saw alive on Dec 26, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Crowning occlusion and
arterial sclerosis
and dentistry

Duration _____

Due to arterial sclerosis

Due to _____

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

Major findings:
Of operations 94A

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? John L. Spivey (Specify type of place) (Means of injury)

23. Signature John L. Spivey (M. D. or other) _____
Address St. Joseph, Mo. Date signed Jan 3-47

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

FEB 19 1927

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.....

Raymond H. Morehead

Licensed Embalmer No.....

4413A

P. O. Address.....

319 So. 10th St. Memphis, Tenn.

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.