

S. No. 2
-12-45
5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10091

State File No. _____
Registrar's No. 17

Registration District No. 236

Primary Registration District No. 4352

1. PLACE OF DEATH:
(a) County Morgan
(b) City or town Versailles
(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 Life time _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Morgan 71
(c) City or town Versailles /
(If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? 7 No ~~No~~ (No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward J. Bull
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 17th
year 1947 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from
2 - 13 1947 to 3 - 17 1947
that I last saw him alive on 3 - 15 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased June 12th 1872
(Month) (Day) (Year)

Immediate cause of death _____ Duration
Organic heart disease a several yrs
Hypertension and Influenza 5 days
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
74 9 5 hr. _____ min.

9. Birthplace Cooper Co MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Thomas H. Bull

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

14. Maiden name Cathrine Mc Donald

15. Birthplace Callaway CO MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Bull

(b) Address Versailles Missouri

17. (a) Burial (b) Date thereof 3 19 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hope Well Cemetery

18. (a) Signature of funeral director H. F. Adwell

(b) Address Versailles Missouri

19. (a) 3-22-47 (b) J. S. Washburn
(Date received local registrar) (Registrar's signature)

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 W. G. Bunn (M. D. or M. D.
Address Versailles Mo Date signed 3/18/47

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

MOTHER FATHER

214

RECEIVED
District Health Officer No. 7,
District File Number 2-47-204
Date Filed 3-24-47

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

W. F. Cornell

Licensed Embalmer No.

1596

P. O. Address:

W. F. Cornell

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.