

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
MISSOURI
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15403

State File No. _____

Registration District No. 15

Primary Registration District No. 5070

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Milford
(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 years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Milford
(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 Martha Elizabeth Bullock

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

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

6. (b) Name of husband or # General Forrest Bullock 6. (c) Age of husband or # if alive 74 years

7. Birth date of deceased February 19 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69	1	4	hr. min.
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9. Birthplace Barton County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Hardesty

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

14. Maiden name Nancy Harriet Carrico

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

16. (a) Informant Clayton Bullock

(b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 3 26 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Howell Cemetery

18. (a) Signature of funeral director P. Gerald Osborn

(b) Address St. Helens, Mo.

19. (a) MAR 28 1947 (b) Marie Kanantz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1947 hour 10:35 minute P M.

21. I hereby certify that I attended the deceased from March 10 1947 to March 23 1947
that I last saw her alive on March 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 6 Days

Due to Influenza + Chronic myocarditis nephritis

Due to _____

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

Major findings: 33A
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? 0

While at work? _____ (Specify type of place) (e) Means of injury 3-23-47

23. Signature S. B. Bannister (M. D. or other) _____
Address Joplin, Mo. Date signed _____

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

14

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6;

District File Number 447-447

Date Filed APR 16 1947

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 L. Gerald Beeny

Licensed Embalmer No. 4203

P. O. Address J. Helden, Md.

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.