No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 12 1948

Registration District No. 57

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41121

Primary Registration District No. 4098

Registrar's No. 2

1. PLACE OF DEATH:

(a) County: Cass

(b) City or town: Belton
(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: 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cass 19

(c) City or town: Belton 0
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME: Andrew Hiatt Bulkley

3. (b) If veteran, name war: ✓

3. (c) Social Security No. ✓

4. Sex: Male G

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Jane W. Bulkley

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

7. Birth date of deceased: April (Month) 1 (Day) 1870 (Year)

8. AGE: Years 77 Months 8 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace: Leavenworth (City, town, or county) Kans. (State or foreign country) /

10. Usual occupation: Ret. Accountant

11. Industry or business: Piggly Wiggly Grocery Co.

FATHER
12. Name: Ferdinand C. Bulkley
13. Birthplace: Leavenworth (City, town, or county) Kans. (State or foreign country) /

MOTHER
14. Maiden name: Elizabeth Hiatt
15. Birthplace: Indiana (City, town, or county) (State or foreign country) /

16. (a) Informant: Mrs. M. J. Stack
(b) Address: Belton, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Jan 2 '48 (Month) (Day) (Year)
(c) Place: burial or cremation: Leavenworth, Kans.

18. (a) Signature of funeral director: B. F. Berger Sons
(b) Address: Belton, Mo.

19. (a) Jan. 5-1948 (Date received local registrar) (b) Laura J. Jones (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 30
year: 1947 hour: 1 minute: 50 P.M.

21. I hereby certify that I attended the deceased from August 26, 1946, to Dec. 30, 1947; that I last saw him alive on December 29, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Thrombosis, cerebral	10 days.
Due to: Cerebral arteriosclerosis	2 Yrs.
Due to: Generalized arteriosclerosis	
Other conditions: Myocarditis, chronic, mild, arteriosclerotic basis. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None
Of autopsy: None made.

PHYSICIAN — Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature: Herbert A. Tracy (M. D. or other) M.D.
Address: Belton, Mo. Date signed: 1/2/1948.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....A. K. George.....

Licensed Embalmer No.....3648.....

P. O. Address.....Greenville 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.