

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42658

State File No.

Registrar's No. 157

FILED DEC 22 1947

Registration District No. 90

Primary Registration District No. 4428

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Richland Mo.  
(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)

3. (a) PRINT FULL NAME Johnnie Bahward

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Cassie Bullard 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased Dec. 6, 1865 (Month) (Day) (Year)

8. AGE: Years 82. Months 2. Days 6. If less than one day hr. min.

9. Birthplace Stouffland Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Cassie Bullard

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

14. Maiden name Neale Wagoner

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

16. (a) Informant Cassie Bullard

(b) Address Richland Mo. 71601

17. (a) Burial, cremation, or removal (b) Date thereof 12/14/47 (Month) (Day) (Year)

(c) Place: burial or cremation Dowsy Cemetery

18. (a) Signature of funeral director R. D. Seeger

(b) Address Richland Mo.

19. (a) Dec. 19, 1947 (b) Alma C. Buckthorn (Date received local registrar) (Registrar's signature) 229

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski  
(c) City or town Richland Mo. (If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12. year 1947. hour 2. minute 45 P.M.

21. I hereby certify that I attended the deceased from May 1947 to June 1947 that I last saw him alive on June 10, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death cessation of respiration  
Due to old age and tuberculosis  
Due to

Other conditions (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature L. E. Myers M. D. or other D.O. Address Richland Mo. Date signed 12/17/47

**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.....

Licensed Embalmer No. *3198*

P. O. Address..... *Richmond, Va.*

**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.**