U. S. No. 300
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 17 1948

Registration District No. 19

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 12465

Registrar's No. 1461

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Our Lady of Mercy Home (If not in hospital or institution, write street number or location) 5

(d) Length of stay: In hospital or institution: 4 months (Specify whether years, months or days)

In this community: 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No.: 918 E. 9th. Street (If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Miss Josephine F. Bulkley

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single 7

6. (b) Name of husband or wife:

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

7. Birth date of deceased: May (Month) 2nd. (Day) 1873 (Year)

8. AGE: Years 74 | Months 10 | Days 29 | If less than one day: hr. min.

9. Birthplace: Leavenworth, Kansas (City, town, or county) (State or foreign country) 1

10. Usual occupation: Retired Teacher

11. Industry or business:

MOTHER FATHER

12. Name: Fernando G. Bulkley

13. Birthplace: Leavenworth, Kansas (City, town, or county) (State or foreign country) 1

14. Maiden name: Elizabeth Frances Hiatt

15. Birthplace: Indiana (City, town, or county) (State or foreign country) 1

16. (a) Informant: Mrs. Margaret B. Stock

(b) Address: Belton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-5-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Leavenworth, Kansas

18. (a) Signature of funeral director: Freeman Mortuary

(b) Address: Kansas City, Missouri

19. (a) 4-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st. year 1948 hour 3 minute P M.

21. I hereby certify that I attended the deceased from 3-23, 1948 to 4-1-, 1948 that I last saw her alive on 4-1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion Hypertension Toxic thyroid

Due to: Chronic cholecystitis

Due to:

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

Major findings: Of operations: 0 Of autopsy: 0

Duration

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): no

(b) Date of occurrence: 0

(c) Where did injury occur? no (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)

While at work? 0 (e) Means of injury: 0

23. Signature: D. W. Mella M.D. (M. D. or other)

Address: 1000 Argyle Bldg. Date signed: 4-3-48

(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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.