S. No. 299
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ev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 13 1948

Registration District No. 1

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Bond

State File No. 29369

Primary Registration District No. 5417

Registrar's No. 20

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Arbyrd, Rural, Clay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 23 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

(c) City or town Arbyrd, Rural 4
(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

3. (a) PRINT FULL NAME MISSOURI BULLINGTON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Sam Bullington

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Oct (Month) 14 (Day) 1870 (Year)

8. AGE: Years 77 Months 8 Days 6 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business ✓

FATHER
12. Name Frank Bedwell
13. Birthplace Unknown 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Betty June Brooks
15. Birthplace Bloomfield, Mo. 11 (City, town, or county) (State or foreign country)

16. (a) Informant Lola Oldham
(b) Address 3315 Salina St St Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation "McGrew" Senath, Mo.

18. (a) Signature of funeral director Howard Und. Co.
(b) Address Leachville, Ark.

19. (a) 10-5-48 (Date received local registrar) (b) Bertha Kinschinger (Registrar's signature) SD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th year 1948 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 15, 1948 to June 20, 1948 that I last saw her alive on June 20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death was an organic heart disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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)

While at work? (e) Means of injury

23. Signature Van H Bond (M. D. or other)

Address Hornersville Mo. Date signed 6/20/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1048-1298
Date Filed 10-11-48

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 H Howard

Licensed Embalmer No. 3959

P. O. Address Leachville, Ark.

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.