

No. 30
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40039**
Registrar's No. **5211**

FILED JAN 8 1949
Registration District No. **749**

Primary Registration District No. **1002**

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

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 18 days
(Specify whether
In this community 22 Years
years, months or days)

3. (a) PRINT FULL NAME Minnie Bullard
(b) If veteran, name war No
3. (c) Social Security No. 496-07-9898

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Samual A.
6. (c) Age of husband or wife if alive years 8
7. Birth date of deceased April 8 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 -- 8 13 hr. min.

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

10. Usual occupation Baker

11. Industry or business Myron Green

MOTHER FATHER { 12. Name Charles Moore
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Alice Perkins
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herbert Rose

(b) Address 1846 Holly

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/48
(Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Quirk & Tobin

(b) Address 20 W. Linwood

19. (a) 12-23-48 (Date received local registrar) (b) Theraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1846 Holly
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1948 hour 10 minute 50 P. M.

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

Immediate cause of death Abdominal lymphosarcoma
Duration _____

Due to _____

Due to _____

Other conditions 552
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy See above

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?

Wm. W. Hart (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Wm. W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. 12-22-48
Date signed

H. W. Farmer

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 *Howard W. Farmer*

Licensed Embalmer No. *4134*

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.