

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34895
 Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399
 (b) Township RAW Primary Registration District No. 1002
 (c) City KANSAS CITY (d) Street No. 4450 VIRGINIA Registered No. 3870
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

463 MR. LYMAN ABBOTT BULLARD
 (a) Residence, No. 4450-VIRGINIA St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. FLOSSIE MARIE BULLARD

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER-28-1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 11 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. POPCORN MAN
 9. Industry or business in which work was done, as saw mill, bank, etc. CARNIVALS
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) HOPKINSVILLE
 (STATE OR COUNTRY) KENTUCKY

FATHER 13. NAME BYRL BULLARD
 14. BIRTHPLACE (CITY OR TOWN) HOPKINSVILLE
 (STATE OR COUNTRY) KENTUCKY

MOTHER 15. MAIDEN NAME EDNA NICHOLS
 16. BIRTHPLACE (CITY OR TOWN) HOPKINSVILLE
 (STATE OR COUNTRY) KENTUCKY

17. INFORMANT MRS. FLOSSIE MARIE BULLARD
 (ADDRESS) 4450-VIRGINIA AVENUE

18. BURIAL, CREMATION, OR REMOVAL PLACE HOPKINSVILLE, KENTUCKY DATE OCTOBER-7-39

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMERS SONS
 (ADDRESS) KANSAS CITY, MISSOURI

20. FILED Oct 7 1939 M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER-6-1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1939, to Oct 6, 1939
 I last saw him alive on Oct 6, 1939. Death is said to have occurred on the date stated above, at 1:45 P.m.

The principal cause of death and related causes of importance were as follows:

Bronchiogenic Carcinoma
right lung
47
 Date of onset unknown
 Other contributory causes of importance:
Chronic Myocarditis
unknown

Name of operation None Date of None
 What test confirmed diagnosis? Pathology Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Richard M. Brown, M. D.
 (Address) 915 Argyle
Kansas City Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1-4-48

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. B. Newcomer Jr

Licensed Embalmer No. *11043*

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, above space should be left blank.