

Registration District No. 399

Primary Registration District No. 1002

FILED JUL 15 1940

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:
200 West 4 St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 20 yrs (Specify whether
years, months or days)

3. (a) PRINT FULL NAME David Barnhart Bulkley 1124

3. (b) If veteran, World war name war. Y.M.C.A Work
8. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Beulah Lloyd Bulkley
6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sept 15 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 8 29 hr. min.

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

10. Usual occupation Minister

11. Industry or business City Union Mission

12. Name Caleb L. Bulkley

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

14. Maiden name Linda

15. Birthplace N.y.
(City, town, or county) (State or foreign country)

16. (a) Informant Beulah L. Bulkley
(b) Address 200 west 4 St.

17. (a) Burial (b) Date thereof June 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem -

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn Kansas City Mo.

19. (a) June 17, 1940 (b) M. M. Brown
(Date received local registrar) (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. 200 West 4 St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1940 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from June 14
1940, to June 14, 1940
that I last saw him alive on June 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

1-Coronary sclerosis

2-Deleterious myocarditis
Due to 3-Old Adh. pericarditis

4-Pulmonary infarction
Due to 5-Bronchopneumonia

6-Generalized arteriosclerosis
Other conditions 7-Abdominal nephritis acute
(Include pregnancy within 3 months of death)

Major findings: 926
Of operations _____

Of autopsy yes

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 Wm J. Smith (M. D. or other)
Address Smith Hospital Date signed 6/15 1940

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 *me*

....., Registered Apprentice No.....
working under my personal supervision.

Signed *C. H. Wise*

Licensed Embalmer No. *2570*

P. O. Address *100 7th*

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.