

Registration District No. 89

Primary Registration District No. 5131

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Butler
 (b) City or town Wappappello Road
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Life (Specify whether years, months or days)
 In this community

3. (a) PRINT FULL NAME Renie Bulliner

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 Ed. Bulliner 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased January 4 1876
 (Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 17 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business Self

MOTHER FATHER
 12. Name Jeff Nunley
 18. Birthplace Kentucky (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ed Bulliner
 (b) Address Poplar Bluff, Missouri

17. (a) Burial, cremation, or removal Burial (b) Date thereof 1/22/41
 (Month) (Day) (Year)
 (c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Greer-Croy Funera
 (b) Address Poplar Bluff, Missouri

19. (a) Jan 14 (Date received from registrar) (b) Kate Lutz (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
 (c) City or town Wappappello Road
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21 year 1941 hour 5 minute _____ A. M.

21. I hereby certify that I attended the deceased from 1939 to Jan 21 1941; that I last saw her alive on Jan 20 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Failure Duration 3 days
 Due to mitral stenosis 3 years
 Due to _____
 Other conditions 9/1/40
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy none

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? _____

Service SIR (Specify type of place) (e) Means of injury _____
 23. Signature Dr. B. B. ... (M. D. or other) DVID
 Address Poplar Bluff Date signed 1-21-41

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

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.

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

B. J. Brentlinger

Licensed Embalmer No. 4201

P. O. Address Poplar Bluff, Missouri

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.