

MAR 9 1942
Registration District No. _____

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 Trinity Lutheran
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mrs. Jennie Louise Bullbeck

3. (b) If veteran, name war no

3. (c) Social Security No. No. 2

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Dick Bullbeck

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept 2 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>63</u>	<u>5</u>	<u>19</u>
				hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jam Craig

13. Birthplace Unknown
(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 Mrs. Clifford Fiegelman

(b) Address Bluemood Iowa

17. (a) Demoral (b) Date thereof 2/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bluemood Iowa

18. (a) Signature of funeral director J. A. Fulton

(b) Address Kansas City, Kansas

19. (a) 2/22/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

(c) City or town Frankfort
(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.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 21
year 42 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from 2/13
1942, to 2/21, 1942
that I last saw her alive on 2/21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Right heart failure
4/30

Due to Post-operative gastrotomy 4 day

Due to Carcinoma of esophagus 1 yr?

Other conditions Acute generalized peritonitis 2 day
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: Thickened gastric wall

Of autopsy Carcinoma of esophagus

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 John H. Ottland M.D. (M. D. or other)
Address Kansas City, Mo. Date signed 2/21/42

By Norton R. Ritter

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.....

R.A. Hulston

Licensed Embalmer No.

3502

P. O. Address.....

W.C. Kaus

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.