

FILED MAR 18 1942 391

Primary Registration District No. 5546 11 30

Registrar's No. 10

1. PLACE OF DEATH:

(a) County IRON
(b) City or town IRONTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARY'S OF THE OZARKS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 months
(Specify whether
In this community 18 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 600
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5656 WATERMAN AVE.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME JAMES MORGAN BULL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month FEB. day 16
year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1923
_____, 19____, to FEB. 16, 1942.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife KATE MAY BULL 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased JULY 26 1861
(Month) (Day) (Year)

that I last saw him alive on FEB. 16, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Sclerosis, general Duration 10 yrs.

8. AGE: Years 80 Months 6 Days 21 If less than one day _____ hr. _____ min.

Due to _____

9. Birthplace ST. LOUIS, MO. (City, town, or county) (State or foreign country) U

Due to _____

10. Usual occupation RETIRED

Other conditions (include pregnancy within 3 months of death) 91

11. Industry or business _____

Major findings: Of operations _____

12. Name JAMES RICHARD BULL

Of autopsy _____

13. Birthplace NEW YORK STATE (City, town, or county) (State or foreign country) 1

14. Maiden name ENICE CHASE

15. Birthplace NEW YORK STATE (City, town, or county) (State or foreign country) 1

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant KATE MAY BULL

(b) Address 5656 Waterman, St. Louis

17. (a) St. Louis Mo. (b) Date thereof 2-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo.

18. (a) Signature of funeral director Samuel White

(b) Address Ironton Mo.

19. (a) 2-17-42 (b) Virginia B. Miller
(Date received local registrar) (Registrar's signature)

23. Signature Ben H. Bull (M. D. or other) M.D.

Address Ironton, Mo. Date signed 2-17-42

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

47
10

MAR 15 1949

RECEIVED

District Health Officer No. 44
District File Number 342-317
Date Filed 3-11-49

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.....

Norman White

Registered Apprentice No. ~~Norman~~

working under my personal supervision.

Signed.....

Norman White

Licensed Embalmer No. 1184

P. O. Address.....

Proton 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.