

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **4514**

Registration District No. **149** 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**
(c) Name of hospital or institution:
3433 E. 19th St 1
(d) Length of stay: In hospital or institution
In this community **Five years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **3433 E. 19 St**
(e) Citizen of foreign country? **NO**

3. (a) PRINT FULL NAME **Mollie M. Bullett**
(b) If veteran, name war **NO** (c) Social Security No. **NONE**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec**, day **2nd**, year **1942**, hour **5:20 P.M.**

4. Sex **Female** 5. Color or race **3 Negro** 6. (a) Single, widowed, married, divorced **2 Widowed**
(b) Name of husband or wife **Richard E. Bullett** (c) Age of husband or wife if alive **Deceased**
7. Birth date of deceased **July 27 - 1861**

21. I hereby certify that I attended the deceased from **July 7** to **Dec 2**, 1942
that I last saw her alive on **Dec 2**, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death **Chronic Parenchymatous Nephritis**

8. AGE: Years **81** Months **5** Days **5** If less than one day hr. min.

Due to **Chronic Parenchymatous Nephritis** Duration **5 mos**
Due to **131 B** Duration **5 mos**
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Fulton** (City, town, or county) (State or foreign country) **Mo 0**
10. Usual occupation **School teacher**

PHYSICIAN
Major findings: Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name **Edward Young**
13. Birthplace **K.Y.**
14. Maiden name **Cassie Smith**
15. Birthplace **K.Y.**
16. (a) Informant **Dorothy Porter**
(b) Address **3433 E. 19 St**
17. (a) **Burial** (b) Date thereof **Dec, 5-42**
(c) Place: burial or cremation **Lincoln Cemetery**
18. (a) Signature of funeral director **Staffelton & Jones**
(b) Address **1905 Vine St**
19. (a) **12-5-42** (b) **M. M. Crowe**

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 **0**
23. Signature **M. C. Lewis** (M. D. or other) **0**
Address **Lincoln Bldg** Date signed **12/13/42**

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

C. H. Nest

Licensed Embalmer No.

2710

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, fact should be so stated above.