

14674

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 32

S. No. 2  
M-542  
5-17-39

Registration District No. 172

Primary Registration District No. 3034

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Higginsville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1701 Lipper Avenue /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 50 years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Higginsville  
(If outside city or town limits, write "RURAL")

(d) Street No. 1701 Lipper Avenue  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henrietta Johnson Bulkley

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: September 21 1859  
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Blackburn, Saline Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired teacher

11. Industry or business \_\_\_\_\_

12. Name Olcott Bulkley

13. Birthplace St. Albans, Vermont  
(City, town, or county) (State or foreign country)

14. Maiden name Anne Elizabeth Johnson

15. Birthplace Harper's Ferry, Maryland  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ann Rebecca Bulkley

(b) Address 1701 Lipper Ave. Higginsville

17. (a) Burial (b) Date thereof Apr. 7-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackburn, Mo.

18. (a) Signature of funeral director Dr. W. H. Braekler

(b) Address Higginsville, Mo.

19. (a) 4-5-1943 (b) Dr. W. H. Braekler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5  
year 1943 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from March 10, 1942 to April 5, 1943;  
that I last saw her alive on April 4, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Myocardial Failure  
with mitral & aortic insufficiency  
Due to Rheumatic heart disease  
& Disseminating sclerosis  
Due to and senility with slow tempo.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 NO.

(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? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Arthur J. Linnick (M. D. or other) DO  
Address Higginsville, Mo. Date signed 4/5/43

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-2-43

OCT 21 1948

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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 Roy F. Wiegman

Licensed Embalmer No. 2883

P. O. Address Higginsville 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.