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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 366
Registrar's No. 366

FILED MAY 11 1944

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
2213 Agency Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year
(Specify whether years, months or days)

In this community 59 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2629 Renick
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARY FRANCES BULLOCK

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1944 hour 9 minute 44 A. M.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife John J. Bullock

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

7. Birth date of deceased February 11, 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sep 187 1943 to Apr 5 1944
that I last saw h alive on Apr 5/44
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>75</u>	<u>1</u>	<u>24</u>	hr. min.
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Immediate cause of death: acute endocarditis 4 days

Due to Mitral insufficiency of long standing

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

10. Usual occupation at home

Other conditions anemia
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business

12. Name James E. Thurman

13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Perry Richardson

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations JPC

Of autopsy

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

16. (a) Informant Mrs. Joseph S. Dunn

(b) Address 2213 Agency Road

17. (a) burial (b) Date thereof 4/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) J

(b) Date of occurrence J

(c) Where did injury occur? J
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Hester Belle Bowman

(b) Address 319 South 10th

19. (a) 4/6/44 (b) Use
(Date received local registrar) (Registrar's signature)

22. While at work J (Specify type of place) (e) Means of injury J

23. Signature J Thompson (M. D. or other) J
Address St Joseph Mo Date signed 4/7/44

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

Dr. F. H. Thompson

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

Frank A. Bourne

Licensed Embalmer No. 1710

P. O. Address

St. Joseph 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.