

FILED OCT 4 1944

State File No. ....

Registration District No. 280

Primary Registration District No. 5963

Registrar's No. 57

1. PLACE OF DEATH:

(a) County PLATTE  
(b) City or town PLATTE CITY, R.F.D.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: HOME may sup.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community LIFETIME / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County PLATTE  
(c) City or town PLATTE CITY, R.F.D.  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME JOSEPHINE BULLOCK

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife GEORGE DAVID BULLOCK 6. (c) Age of husband or wife if alive DIED 1941  
7. Birth date of deceased FEB. 7, 1879  
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 16 If less than one day hr. min.

9. Birthplace Blay County MO. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE--AT HOME

11. Industry or business FARM

MOTHER FATHER { 12. Name GEORGE HAYES  
13. Birthplace N.Y. 1  
14. Maiden name JENNIE McFADDEN  
15. Birthplace INDIANA 1  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. J. M. KUYKENDALL

(b) Address PLATTE CITY, MO. R.F.D.

17. (a) BURIAL (b) Date thereof 9/24/'44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SECOND CREEK CEM.

18. (a) Signature of funeral director McComas Funeral Home

(b) Address Smithville, Mo.

19. (a) 9-30-44 (b) Mrs. Clay Liffie  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 23  
year 1944 hour 7: minute 8. M.

21. I hereby certify that I attended the deceased from Oct. 12 1942 to June 19 1944  
that I last saw h.e. alive on June 19 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due to Metastatic carcinoma of lung

Due to Primary lesion - left breast

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 50

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 .....  
(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) (Specify type of place) Means of injury

23. Signature [Signature] (M. D. or other) MD  
Address Smithville Mo. Date signed 9-26-44

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

2300

1204

**RECEIVED**

District Health Officer No. Platte Co.  
District File Number 10-44-81  
Date Filed 10-3-44

**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 S. A. McComas  
Licensed Embalmer No. 2303  
P. O. Address Smithville, 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.**