S. No. 2
I—8-43
5-17-39
P I X37023

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20919

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 12

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Stella
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stella Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution week (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Neosha "rural" 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. 3
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WARREN BULLINGTON
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced S 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 12, 1921 (Month) (Day) (Year)
8. AGE: Years 23 Months 6 Days 13 If less than one day hr. min.
9. Birthplace Goodman Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation farmer
11. Industry or business
FATHER 12. Name J. L. BULLINGTON
13. Birthplace PURDY MISSOURI (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name CORELA TERRY
15. Birthplace PURDY MISSOURI (City, town, or county) 0 (State or foreign country)
16. (a) Informant J. L. BULLINGTON
(b) Address NEOSHA MO. R. 3
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation Diamond Cem.
18. (a) Signature of funeral director W. Wm
(b) Address Cassville, Missouri.
19. (a) 6-27 1945 (Date received local registrar) (b) Alpha L Hale Dyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1945 hour 9 minute 47 A.M.
21. I hereby certify that I attended the deceased from June 18, 1945, to June 25, 1945, that I last saw alive on June 25, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Typhoid fever	3 wks
Due to	
Due to	
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
(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 C. Cardwell (M. D. or other)
Address Stella Mo. Date signed 6/25/45

1311 (Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED JUL 6 1945

District Health Officer No.....

District File Number 645-121

Date Filed JUL 6 1945

Signed C. M. Joiner

Licensed Embalmer No. 3453

P. O. Address CASSVILLE, MISSOURI.

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.