V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27843

Registration District No. 240 Primary Registration District No. 4358 Registrar's No. 27

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

72
2
0

26682

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: No /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid, 7

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

(d) Street No. City.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No.

3. (a) PRINT FULL NAME MARY BELLE BULLOCK

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F /

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife George Bullock

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

7. Birth date of deceased Feb. (Month) 4 (Day) 1867 (Year)

8. AGE: Years 79 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Callodonia (City, town, or county) Ill. / (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Henry Smith
13. Birthplace Unk. (City, town, or county) N.C. / (State or foreign country)

MOTHER
14. Maiden name Sarah Ann Swain
15. Birthplace Bardwell (City, town, or county) Ky. / (State or foreign country)

16. (a) Informant Bella Bagley
(b) Address Lilbourn, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director Richards Und Co.
(b) Address New Madrid, Mo.

19. (a) Aug. 19-46 (Date received local registrar) (b) H. L. Ponder Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 3, 1946 to Aug 2, 1946
that I last saw her alive on Aug 1st, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Gall Bladder	6 months
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

46

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 0

23. Signature Claude M. Rasco (M. D. or other)
Address Marston Mo Date signed 8/1/46

218 (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.

Signed T. J. Collins

Licensed Embalmer No. 4346

P. O. Address New Madrid

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.