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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** JAN 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43618**

Registration District No. \_\_\_\_\_ Primary Registration District No. **4410** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Phelps**  
(b) City or town **St James**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Phelps 81**  
(c) City or town **St James** **3**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. \_\_\_\_\_ (If rural, give location) **0**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

**Permelia E Bullock**

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 **married**  
6. (b) Name of husband or wife **Louis Bullock** 6. (c) Age of husband or wife if alive **86 years**  
7. Birth date of deceased **4-10-1863**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **8** Days **21** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Phelps Co Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

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

12. Name **Anderson Helen**  
13. Birthplace **Mo**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Rachel Branstetter**  
15. Birthplace **Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis Bullock**  
(b) Address **St James Mo**

17. (a) **Burial** (b) Date thereof **12-14-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Masonic car**

18. (a) Signature of funeral director **Trickler, Frank H. and**  
(b) Address **St James Mo**

19. (a) **Jan 10 1947** (b) **Carla E. Birmingham**  
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **12**  
year **1946** hour **10** minute **0** M. **A**  
21. I hereby certify that I attended the deceased from **1942**  
**May**, 1942, to **12-12-** 1946  
that I last saw her alive on **12-12-** 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Subacute Myocarditis**  
Due to **Myocarditis**  
**Ch. Interstitial Nephritis**

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

Major findings: Of operations **✓** **137B**  
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) (e) Means of injury **0**

23. Signature **E. S. ...** (M. D. or other) \_\_\_\_\_  
Address **St James Mo** Date signed **12-14-47**

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

MOTHER FATHER

**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..... *W. J. Licklider* .....

Licensed Embalmer No. *1970* .....

P. O. Address..... *St James 2nd* .....

**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.**