

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Wheatley Provident Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution one week
(Specify whether
 In this community 23 years
years, months or days)

3. (a) PRINT FULL NAME Limmie (Jack) Bull
 3. (b) If veteran, name war None
 3. (c) Social Security No. 495-01-2748

4. Sex Male 2 / 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Cecil Irene Bull
 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased March - 28 - 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>1</u>	<u>15</u>	hr. _____ min. _____

9. Birthplace Bastrop La.
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business _____
 12. Name Alonzo Bull
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Josephine Bull
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Cecil Irene Bull
 (b) Address 1106 Paseo
 17. (a) Burial (b) Date thereof 5/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director E. Sterling Bills
 (b) Address 1212 Vine St. Kansas City, Mo.

19. (a) 5-17-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 1106 Paseo f
(If rural, give location)
 (e) Citizen of foreign country? No 0
(Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day May
 year 1947 hour 3:35 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Incephalomalacia
with secondary hemorrhage
 Due to _____
 Due to _____

Other conditions 83c
(Include pregnancy within 3 months of death)

Major findings: Deputy Coroner
 Of autopsy See Above

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)
 (a) Means of injury 0
 23. Signature A.E. Upoker MD
(M.D. or other health professional)
 Address 2800 Main St 5/16/47

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 *E. Sterling Bills*.....

Licensed Embalmer No. 3178.....

P. O. Address 1212 Vine St., Kansas City

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.