

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32035

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 290

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
612 E. 11th
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town Sedalia
(If outside city or town limits, write "RURAL")
 (d) Street No. 612 E. 11th
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ANNA MARIA BULLOCK
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug, day 24, year 1947 hour 8 minute 30 P. M.
 21. I hereby certify that I attended the deceased from Aug 6, 1947, to Aug 24, 1947
 that I last saw her alive on Aug 24, 1947
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced wid.
 6. (b) Name of husband or wife John Bullock 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: March 18 - 1856
(Month) (Day) (Year)

Immediate cause of death Heart Prostration Duration 18 days

8. AGE: Years Months Days If less than one day
91 5 6 hr. min.

Due to _____
 Due to _____

9. Birthplace Cedarville Ohio
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Other conditions 191
*(Include pregnancy within 3 months of death)
 Major findings: Of operations 19
 Of autopsy _____

11. Industry or business _____
 12. Name Hebroa Ernest Ballard
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Hagler
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. E. G. Harst
 (b) Address 417 E. 14th Sedalia, Mo
 17. (a) Burial (b) Date thereof 8-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Crown Hill
 18. (a) Signature of funeral director Mc Laughlin Bros
 (b) Address Sedalia, Mo
 19. (a) 8-26-47 (b) Betty Yeager
(Date received local registrar) (Signature)

22. If death was due to external causes, fill in the following: 132
 (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 Edwin D. Walbeck (a) D. or other _____
 Address 20 S. Lewis Sedalia, Mo Date signed 8/26/47

(Licensed Embalmer's Signature on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer, No. 8,

District File Number _____

Date Filed _____

9-23-47

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 _____

A. P. M. Corary

Licensed Embalmer No. 3153

P. O. Address _____

Sedalia 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.