S. No. 2
-12-45
5-17-39
I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18518

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 169

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 224 Jackson St
(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, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. 224 Jackson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLOTTY BULLOCK
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Charles C Bullock
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Dec. (Month) 6 (Day) 1851 (Year)

8. AGE: Years 95 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Jefferson Co. (City, town or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name James Riley Dodson
13. Birthplace Tennessee (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Beabers
15. Birthplace Jefferson Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs Millie McDaniell
(b) Address 324 Jackson Bonne Terre Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre Cemetery

18. (a) Signature of funeral director Benjamin Hdw. Co.
(b) Address 313 Random Bonne Terre Mo

19. (a) 5-16-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 th
year 1947 hour 05 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 1 19 47 to May 5 19 47
that I last saw h alive on May 5 19 47
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senile Decay	
Due to Cystitis + Incontinence	
Due to Old Age	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
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 B C Mauldin M.D. (M. D. or other)
Address Bonne Terre Mo Date signed 5-12-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 547-720

Date Filed 5-20-47

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 Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.