

DEC'D JAN 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
 C CERTIFICATE OF DEATH

42267
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 53
 (b) Township Osage Primary Registration District No. 5092 Registered No. 53
 (c) City Rich Hill (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George. H. Pulley
 (a) Residence, No. 1st. & Hickory St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Manda Pulley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 10, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. carpenter
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlantic Iowa13. NAME Samuel Pulley14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa15. MAIDEN NAME Sarah Moore16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT (ADDRESS) Cora Bell French Nevada, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Newton cemetary DATE Dec, 24, 193819. FUNERAL DIRECTOR (ADDRESS) Booth Rich Hill, Mo20. FILED Des. 24, 1938 Claudy J. Allen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 193822. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1938 to Dec 23, 1938I last saw him alive on Oct 6, 1938 Death is said to have occurred on the date stated above, at 2:45pm (AM)

The principal cause of death and related causes of importance were as follows:

Carcinoma of lower lip

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Reuben Smith, M. D.56 (Address) Rich Hill, Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-7-20-37 I X12004

RECEIVED

District Health Officer No. 7,

District File Number 7-39-123

Date Filed 1-12-39

STATEMENT BY LICENSED EMBALMER

I, John G. Bludewood, Licensed Embalmer No. 3585

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E. 3585

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed John G. Bludewood
Licensed Embalmer No. 3585

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.)