

No. 2
4-13-40
5-17-39
I X23123

JAN 10 1941 399
Registration District No.

1002
Primary Registration District No.

Registrar's No.

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: 2302 Michigan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 43 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2302 Michigan
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULLNAME Fannie Pullum
(b) If veteran, name war. None (c) Social Security No. None

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced. Widowed
(b) Name of husband or wife. Henry Pullum (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. September 5, 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Lexington Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Jefferson Young
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Henrietta Cobb

(b) Address 2419 Flora, 2nd Floor

17. (a) burial (b) Date thereof 12/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hatkins Bros.

(b) Address 1729 Lydia

19. (a) 12-19-40 (b) M. M. Brown
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15
year 1940 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from July 24 - 1940 to Dec. 15 - 1940
that I last saw her alive on Dec. 14 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Primary carcinoma of Breast.

Due to _____
Due to Carcinomatosis

Other conditions 50
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 _____

23. Signature E. J. Thomas (M. D. or other)
Address 1830 Olive Date signed 12/19/40

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 *Isaac Jerome Mandrove*
Licensed Embalmer No. *3994*
P. O. Address *1120 E. 23rd St.*

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.