

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7869

State File No. _____

MAR 20 1941

Registration District No. 47

Primary Registration District No. 3814

Registrar's No. 108

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

I. PLACE OF DEATH:

(a) County Platte
(b) City or town Camden Point
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether)
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Platte 83
(c) City or town Camden Point Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. V (If rural, give location)
(e) If foreign born, how long in U. S. A? V years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1941 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan. 15, 1940, to Feb. 20, 1941;
that I last saw him alive on Jan. 16, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Stroke from embolism
due to general pericarditis
and aortic atherosclerosis
Duration 6 yrs
9 mos.

Due to no pneumonia
Due to no pneumonia

Other conditions no
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
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? ✓

602 (Specify type of place)
While at work? (e) Means of injury _____

23. Signature Robert R. Hull (M. D. or other) ✓
Address Camden Point Mo. Date signed 2-21-41

3. (a) PRINT FULL NAME Alfred Frank Pulliam

8. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katherine Wallingford 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 9 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 11 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business none

12. Name George Pulliam

18. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hill

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Berens Pulliam

(b) Address Camden Point Mo.

17. (a) Burial (b) Date thereof 2-22-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camden Point Mo.

18. (a) Signature of funeral director Deborah Daves

(b) Address Deborah Mo.

19. (a) Feb 21 1941 (b) R. B. Hull
(Date received local registrar) (Registrar's signature)

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

Russell Davis

Licensed Embalmer No. 4160

P. O. Address Seaborn 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, above space should be left blank.