

No. 2  
4-13-40  
5-17-39  
X23159

DEPARTMENT OF THE COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10121

**APR 15 1941 85**  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1001

Registrar's No. 321

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Meth. Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks  
(Specify whether weeks, months or days)

In this community 64 Years 3 Mo. 5 Days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 3203 Scott  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME HARRY PULLEN

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th.  
years 1941 hour 12 minute 20 A.M.

3. (b) If veteran, name war none

3. (c) Social Security No. 491-09-9028

21. I hereby certify that I attended the deceased from Feb 18 - 41  
1941, to March 20, 1941  
that I last saw him alive on Mar 19, 1941  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie Pullen

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased: Dec. 15th. 1876  
(Month) (Day) (Year)

Immediate cause of death: Heart disease art scler

Duration 1 mo

8. AGE: Years 64 Months 3 Days 5  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to and of acute coronary

Due to atherosclerosis

9. Birthplace St. Joseph Mo.  
(City, town, or county) (State or foreign country)

Other conditions None  
(Include pregnancy within 3 months of death)

10. Usual occupation Warehouse Man

11. Industry or business Standard Oil Co.

Major findings: None

Of operations None

Of autopsy None

PHYSICIAN None  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name William Pullen

13. Birthplace Council Bluffs Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Margrett Green

15. Birthplace St. Joseph Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Russel Pullen

(b) Address 2615 S. 60th. st. Omaha, Nebr.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof 3--22--41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

(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? 8/5

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address St. Joseph, Mo

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

19. (a) Mar 21, 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) [Signature]

Address St. Joseph Mo Date signed 3-21-41

**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.....

*Myself*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Geo E Daniel*.....

Licensed Embalmer No. *3300*

P. O. Address..... *St Joseph 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.**