S. No. 2
M—1-4-41
v. 5-17-39
I X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10815

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 248

39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield Cities (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2 - months (Specify whether

In this community 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene

(c) City or town Springfield (If outside city or town limits, write "RURAL") 1039

(d) Street No. 1030 - Texas (If rural, give location) 2 6

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CARS PULLIAM

3. (b) If veteran, name war none

3. (c) Social Security No. DK

4. Sex M

5. Color or race Negro

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

6. (b) Name of husband or wife Mateal Pulliam

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Jan (Month) 12 (Day) 1882 (Year)

8. AGE: Years ✓ 60 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Poplar Bluff (City, town, or county) Mo (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name James Pulliam
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Mateal Pulliam
(b) Address 1030 Texas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 - 30 - 42 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Lincoln Memorial

18. (a) Signature of funeral director H. V. Smith
(b) Address 702 - N - Jefferson

19. (a) 3-28-42 (Date received local registrar) (b) Dr W. Hardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28th year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 14th, 1942, to March 28th, 1942, that I last saw him alive on 3-27-42, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Heart Disease with Decompensation	P
Due to	
Due to Malignant	
Other conditions ~~Ebo~~ Hypertension (Include pregnancy within 3 months of death)	P

Major findings:
Of operations
Of autopsy 102

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 0

23. Signature R. E. Jenkins (M. D. or other) MD.
Address 305 ½ College St Date signed 3-29-42

984 (Licensed Embalmer's Statement on Reverse Side)

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 Darwin M Cooper, Registered Apprentice No. N-1139, working under my personal supervision.

Signed Herbert V Smith

Licensed Embalmer No. 4286

P. O. Address 702 - N - Jeffers

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.