

FILED MAY 15 1945

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1929

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:  
NORTHEAST RESTORUM-3240 NORLEGG  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 DAYS 4  
(Specify whether  
In this community 20 YEARS  
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. 6146 KENWOOD AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. PHOENIX ELIZABETH PULLER

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 29<sup>TH</sup>  
year 1945 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Apr 22  
1945 to Apr 29 1945  
that I last saw her alive on Apr 27 1945  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife MR. CHARLES M. PULLER 6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased APRIL 30 1877  
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Uterus  
Duration 1945  
Due to Carcinoma of Uterus  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
67 11 29 hr. min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Major findings: 48  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

12. Name HIRAM GRIGES

13. Birthplace MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name CATHERINE DAVIDSON

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

16. (a) Informant MR. J. H. PULLER

(b) Address 6146 KENWOOD AVENUE

17. (a) REMOVAL (b) Date thereof MAY 1 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation COLUMBIA, MISSOURI

18. (a) Signature of funeral director D. H. Peacock

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 5-1-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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 J. H. Peacock (M.D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed May 1 1945

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

81000

Paytown Missouri  
2:00 - 4:30

**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 *Clear Torrey*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

**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.**