

Registration District No. 2

Primary Registration District No. 4009

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town SAVANNAH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 71 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Savannah
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Russell Charles Pullen

3. (b) If veteran, name war _____

3. (c) Social Security No. 495-10-1909

4. Sex m 5. Color or race W
6. (a) Single, widowed, married, divorced m /

6. (b) Name of husband or wife Pink Pullen
6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: APRIL 26 1875
(Month) (Day) (Year)

8. AGE: 71 Years 0 Months 27 Days
If less than one day hr. min.

9. Birthplace: Andrew Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business _____

12. Name: DAVID pullen

13. Birthplace: Bracken Ridge mo
(City, town, or county) (State or foreign country)

14. Maiden name: MARY A. F. SIMINACT

15. Birthplace: Andrew Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Pink Pullen

(b) Address: Savannah mo

17. (a) 9 (b) Date thereof: 5-25-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: SAVANNAH

18. (a) Signature of funeral director: E. E. Brest

(b) Address: Savannah mo

19. (a) 5-25-46 (b) Lillian Spake
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 23
year 1946 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from March 20 1946 to May 23 1946;

that I last saw him alive on May 22 1946;

and that death occurred on the date and hour stated above.

Immediate cause of death: Hemiplegia

Due to: Hypertension

Due to: _____

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

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: 0

23. Signature: Ralph R. Miller (M. D. or other)

Address: May 23 Savannah Date signed: 5-25-46

Duration of days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

OCT 5 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. JuneRegistration District No. 2Primary Registration District No. 4009Registrar's No. 61

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Savannah
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days3. (a) PRINT FULL NAME Russell C. Pullen

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year _____ month _____ day _____

7. Birth date of deceased April 26 (Month) (Day) (Year)8. AGE: Years 21 Months 0 Days 0 (If less than one day) hr. _____ min. _____9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-25-46 (b) Lillian Sparks (c) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month May 3
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19 _____

that I last saw him/her alive on _____, 19 _____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

15608