

No. 2
2-45
17-39
X47070

FILED MAR 14 1947
Primary Registration District No. **6052**

1. PLACE OF DEATH:

(a) County **Ripley**
(b) City or town **Douglas, Mo. Rte.**
(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 days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** County **Ripley**
(b) City or town **Douglas, Mo. Rte.**
(If outside city or town limits, write "RURAL")
(c) Street No. _____ (If rural, give location)
(d) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

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

4. Sex **Female** 5. Color of race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Thomas William Pulliam** 6. (c) Age of husband or wife if alive **Dec. 27 years**
7. Birth date of deceased **Aug 26 1878**
(Month) (Day) (Year)

8. AGE: Years **68** Months **5** Days **27** If less than one day hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **David T. Berry**

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

14. Maiden name **Mary Carter**

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

16. (a) Informant **Mary E. Pulliam**

(b) Address **Douglas, Mo. Rte. 6**

17. (a) **Burial** (b) Date thereof **2-25-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Douglas, Mo.**

18. (a) Signature of funeral director **W. J. Berry**

(b) Address **Caring Path**

19. (a) **2-25-47** (b) **C. H. Bronski**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **23** year **1947** hour **10** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **October 9, 1946** to **23 Feb. 1947** that I last saw her alive on **17 February 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **Carcinomatosis with Acetab.**

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 _____

23. Signature **J. Williams** (M. D. or other) _____

Address **Douglas Mo** Date signed **2/24/47**

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

MAR 20 1947

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

Walter Johnson

Licensed Embalmer No.

286 & 4371

P. O. Address

Coring, Kansas

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. *march*Registration District No. *301*Primary Registration District No. *6032*Registrar's No. *2790*

1. PLACE OF DEATH:

- (a) County *Repley Rural*
 (b) City or town
 (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 days)3. (a) PRINT
FULL NAME *Lucy J. Pullman*

3. (b) If veteran,
-
- name war _____

3. (c) Social Security
-
- No. _____

4. Sex
- F*

5. Color or
race *w*

6. (a) Single, widowed, married,
-
- divorced
- wid*

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
-
- alive _____

7. Birth date of deceased
- aug 26*

(Month)

(Day)

(Year)

8. AGE:

Years *68*Months *5*

Days

If less than one day

hr. _____ min.

9. Birthplace
- MO*

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

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) _____

(Burial, cremation, or removal)

- (b) Date thereof _____

(Month) (Day) (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) _____

(Date received local registrar)

- (b) _____

(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 _____
-
- year
- 1947*
- hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
-
- that I last saw him _____ alive on _____, 19____;
-
- and that death occurred on the date and hour stated above.
-
- Immediate cause of death
- Primary
Sarcoma of Stomach*

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 sta-
tistically.

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. Williams*
- (M. D. or other)

Address *Douglas MO* Date signed *9/18/47*

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

SUPPLEMENTARY

5-5863

... ..