

3. No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42576**
Registrar's No. **75**

FILED JAN 14 1948

Registration District No. **273** Primary Registration District No. **5914**

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

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural Brazeau
(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 84-4-19 (Specify whether years, months or days)

In this community 84-4-19 (Specify whether years, months or days)

3. (a) PRINT FULL NAME William L. Pullum

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

3. (c) Social Security No. None

4. Sex Male 6 5. Color or race White

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

6. (b) Name of husband or wife Ellen Pullum

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased September 25 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Jerseyville ILL. /
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name William T Pullum

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

14. Maiden name Sarah Byrd Wilson
(City, town, or county) (State or foreign country)

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

16. (a) Informant Earl Warren

(b) Address Seventy Six No.

17. (a) Burial (b) Date thereof 12-16-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crosstown Mo.

18. (a) Signature of funeral director Yaffing Sons

(b) Address Crossville Mo.

19. (a) Dec 19-47 (b) Joe J. Zollner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14
year 1947 hour 7 minute 45 AM

21. I hereby certify that I attended the deceased from December 5 1947 to December 14 1947.
that I last saw him alive on December 13 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Myocarditis 2 years

Due to Atherosclerosis, General

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) Means of injury _____

23. Signature Theodore Fischer (M. D. or other) M.D.
Address Altensburg, Missouri Date signed 12-16-47

RECEIVED

District Health Officer No. 4
District File Number 148-62
Date Filed 1-13-48

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 Young*
Licensed Embalmer No. *HD 27*
P. O. Address *Perryville 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.