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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1948

Registration District No. 1

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4413

State File No.

Primary Registration District No. 4167

Registrar's No. 13

1. PLACE OF DEATH:

(a) County De Kalb

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

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County De Kalb 32

(c) City or town Clarksdale 6
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Martha Ellen Pulley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 25 (Day) 1853 (Year)

8. AGE: Years 94 Months 9 Days 24 If less than one day hr. min.

9. Birthplace De Kalb Co (City, town, or county) Mo 6 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Hall
13. Birthplace (City, town, or county) Kent (State or foreign country)

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

16. (a) Informant Mrs Stella Buck
(b) Address Amity Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation St Joseph Mo

18. (a) Signature of funeral director John B Brown
(b) Address Maysville Mo

19. (a) 2-21-48 (Date received local registrar) (b) R Davidson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18th year 1948 hour 4th minute 45 P. M.

21. I hereby certify that I attended the deceased from June 4th, 1940, to Feb 18, 1948 that I last saw him alive on Feb 18, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

162B

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

23. Signature R R Reynolds (M. D. or other) MD

Address Maysville Mo Date signed 2/19/48

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3933

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.