S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1948

Registration District No. 769

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13183

Primary Registration District No. 4262

Registrar's No. 274

1. PLACE OF DEATH:

(a) County: Knox

(b) City or town: Knox City, Missouri
(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 years, months or days) In this community: 70 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Knox

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

(d) Street No.: 4½ Miles. North West.
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME: Mary E. Pults

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Female

5. Color or race: W

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

6. (b) Name of husband or wife: Husband Andrew Pults

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: June (Month) 14 (Day) 1872 (Year)

8. AGE: Years 75 | Months 10 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace: Hamilton Co., Ohio (City, town, or county) ____ (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business ____

FATHER
12. Name: Hiram Rudicil
13. Birthplace: Hamilton CO. (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Mary Mc Cabe
15. Birthplace: uk (City, town, or county) Irland (State or foreign country)

16. (a) Informant: Russell Pults
(b) Address: Knox City Mo RI

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof: April 19 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Knox City, Missouri

18. (a) Signature of funeral director: Keith Hudson
(b) Address: Edina Mo

19. (a) April 21-48 (Date received local registrar) (b) Nell S. Nunnit (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 16th year: 1948 hour: 10:00 minute: A. M.

21. I hereby certify that I attended the deceased from March 10th, 1948, to April 16, 1948, that I last saw her alive on April 15, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular Renal disease	3 years
Due to: Arteriosclerosis	
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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature: David M Bouse (M. D. or other)

Address: La Belle, Mo Date signed: 4/19/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 1
District File Number 4-48-74
Date Filed APR 26 1948

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, ~~only~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina Missouri

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.