

FILED APR 19 1948

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Enroute to Waynesville Hosp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 62 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski **85**
(c) City or town Crocker **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lester Arthur Pummill

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 Married

6. (b) Name of husband or wife Sylvia M. Pummill 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Sept. 22 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 6 10 hr. min.

9. Birthplace Pulaski Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Agent Standard Oil Co.

11. Industry or business _____

MOTHER { 12. Name Hezekiah Pummill
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Alice Stockton
15. Birthplace D. K.
(City, town, or county) (State or foreign country)

16. (a) Informant Sylvia Pummill

(b) Address Crocker, Missouri

17. (a) Burial (b) Date thereof 4-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Cemetery

18. (a) Signature of funeral director J. L. Hoops & Sons

(b) Address Crocker, Mo

19. (a) 4-13-48 (b) John C. Beckthorn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1948 hour 19:15 minute A M.

21. I hereby certify that I attended the deceased from April 2 1948 to April 2 1948
that I last saw him alive on April 2 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion
Duration _____

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 740
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 2

23. Signature John A. J... D. or other) D.O.
Address Crocker, Mo Date signed 4-4-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Paul B. Hooper

Licensed Embalmer No. *3261*

P. O. Address. *Wayneville, 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.