

FILED MAY 7 1948

Registration District No. 221

Primary Registration District No. 4497

Registrar's No. 39

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

1. PLACE OF DEATH:
 (a) County Shelby
 (b) City or town Clarence, Mo
(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 7 years
(Specify whether years, months or days)
 In this community 7 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Shelby
 (c) City or town Clarence
(If outside city or town limits, write "RURAL")
 (d) Street No. ✓
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country: ✓

3. (a) PRINT FULL NAME EMMA ELLEN PULSE
 (b) If veteran, name war: ✓
 (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 16
 year 1948 hour 8:00 minute 9 M.
 21. I hereby certify that I attended the deceased from Jan 13
1948 to April 16, 1948
 that I last saw her alive on April 16, 1948
 and that death occurred on the date and hour stated above.

4. Female sex
 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife John Pulse
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased: March 7 1883
(Month) (Day) (Year)

Immediate cause of death Cancer of stomach
 Duration 8 mo

8. AGE: Years 65 Months 1 Days 9
 If less than one day hr. min.

Due to _____
 Due to _____

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Leary Arment

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

14. Maiden name Ida Messerman

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

16. (a) Informant Mrs. Ora Gardner

(b) Address Clarence, Mo

17. (a) Burial (b) Date thereof April 18 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood

18. (a) Signature of funeral director Hopner Funeral Service

(b) Address Clarence, Mo

19. (a) April 27-48 (b) Ruth Joyner
(Date received local registrar) (Registrar's signature) 207

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations H/O

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) (Specify type of place) (Specify type of place)

23. Signature Ed. L. Gardner (M. D. or D. V. M.)
 Address Clarence Mo Date signed 4/21/48

638 2 T 507

RECEIVED
District Health Officer No. 12
District File Number 5-48-808
Date Filed MAY -5 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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Louis E. Hopper
Licensed Embalmer No. 4261
P. O. Address Lawrence 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.