No. 300
M—10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37046

FILED DEC 15 1948

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 372

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

1. PLACE OF DEATH:

(a) County JACKSON Rural

(b) City or town KANSAS CITY Blue
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
10109 GOLF AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 - - - (Specify whether
In this community 38 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

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

(d) Street No. 10109 GOLF AVENUE
(If rural, give location)

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

If yes, name country ENGLAND

3. (a) PRINT FULL NAME MR. ELLIS CHARLES PULLEY

3. (b) If veteran, name war NO

3. (c) Social Security No. 486-03-5850

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. MARY E. PULLEY

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased JANUARY (Month) 31 (Day) 1875 (Year)

8. AGE: Years 73 Months 10 Days 0 If less than one day ___ hr. ___ min.

9. Birthplace KIDDERMINSTER WORCESTERSHIRE, ENGLAND
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED 9 YEARS PRINTER

11. Industry or business THE KANSAS CITY TIMES, K.C. MO.

FATHER
12. Name GEORGE PULLEY
13. Birthplace UNKNOWN ENGLAND 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY ELLIS
15. Birthplace UNKNOWN ENGLAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. MARY E. PULLEY
(b) Address 10109 GOLF KANSAS CITY, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-3-1948 (Month) (Day) (Year)
(c) Place: burial or cremation FLORAL HILLS CEMETERY

18. (a) Signature of funeral director O. N. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD KANSAS CITY MO.

19. (a) 12-4-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 1ST year 1948 hour 6 minute 55A M.

21. I hereby certify that I attended the deceased from ___, 19__, to 1 Dec, 1948; that I last saw him alive on 30 Nov, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 48 hrs

Due to arteriosclerosis and Hypertension

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 [signature] (M. D. or other) MD

Address Indep. MO Date signed 12-2-48

(Licensed Embalmer's Statement on Reverse Side)

131 1/2 West Lexington, Sullep. Mo.
2-6

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 Doyle L. Daniel, Registered Apprentice No. 348, working under my personal supervision.

Signed Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K.C. 4 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.