

S. No. 2
M-8-43
v. 5-17-39
I X37823

W. Carter
28285

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 8 1947

Registration District No. 183

Primary Registration District No. 4297

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Purdin
(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 of location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 76 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn

(c) City or town Purdin
(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 Benjamin Franklin Pulliam

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 17
year 47 hour 3 minute 40 a. M.

4. Sex m 5. Color or race w

6. (a) Name of husband or wife Denewine Pulliam 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased: 10 (Month) - 16 (Day) - 1870 (Year)

21. I hereby certify that I attended the deceased from Sept 1940 to Aug 17 1947
that I last saw him alive on Aug 12 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 10 Days 1 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary thrombosis

9. Birthplace Linn Co Mo
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Retired Farmer

Other conditions Myocarditis Chronic
(Include pregnancy within 6 months of death)

11. Industry or business _____

Major findings: _____

12. Name William Pulliam

Of operations _____

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Denewine Pulliam

(b) Address Purdin Mo

17. (a) Burial (b) Date thereof 8-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purdin Cem.

18. (a) Signature of funeral director Richard

(b) Address William Mo

19. (a) Aug 27 47 Elice Crookshank
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature J. P. M. Carter (M. D. or other) _____

Address Browning Mo Date signed 9/12/47

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

**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.....

Dwight Schaefer

Licensed Embalmer No. *2667*

P. O. Address. *Urban 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.