

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5941
 Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH
 (a) County Audrain Registration District No. 26
 (b) Township Saltriver Primary Registration District No. 3002 Registered No. 24
 (c) City Mexico Mo (d) Street No. 314 E. Orange
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wilbur Luvern Pullen 450
 (a) Residence, No. 314 E. Orange St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 12, 1938
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. — — — 20 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Mexico, Mo.
 (STATE OR COUNTRY)

FATHER 13. NAME Wilbur L. Pullen
 14. BIRTHPLACE (CITY OR TOWN) Toledo, Ohio
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Della Mae Scoble
 16. BIRTHPLACE (CITY OR TOWN) Orchard Park, New Mexico.
 (STATE OR COUNTRY)

17. INFORMANT Icie Koch
 (ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mexico, Mo
Elmwood Cemetery, DATE Feb. 13, 1938
 PLACE

19. FUNERAL DIRECTOR H.A. Precht & Son
 (ADDRESS) Mexico, Mo.

20. FILED Feb 13 1938 Blanche Neely
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1938, to Feb. 12, 1938
 I last saw him alive on Feb. 12, 1938 Death is said to have occurred on the date stated above, at 3:25 P. m.
 The principal cause of death and related causes of importance were as follows:

Atelectasis Date of onset Feb. 12, 38
160 B -
 Other contributory causes of importance:
Breech delivery

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify.....
 (Signed) K. E. Meneval, M. D.
Mexico, Mo.
 23 (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I. X12004

STATEMENT BY LICENSED EMBALMER

I, Earl E. Pruchto

Licensed Embalmer No. 3189

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl E. Pruchto

L. E.

No. _____ or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed

Earl E. Pruchto

Licensed Embalmer No. 3189

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.)