27

MARGIN RESERVED FOR BINDING

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

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.

50M-5-17-39
Rev. 5-17-39
1 X19511

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10749

Registration District No. 219 Primary Registration District No. 5301 Registrar's No.

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Speed. Palestine Tw.
(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 — 2 (Specify whether
In this community 77 Yrs - 13 Days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Speed. Palestine Tw.
(If outside city or town limits, write "RURAL")

(d) Street No. —
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Mrs Mamie Pulley 400

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Thomas Pulley.

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

7. Birth date of deceased Feb. (Month) 22 (Day) 1863 (Year)

8. AGE: Years 77 Months Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Joseph Carey. 1
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Roana Stephens
15. Birthplace Unknown. 9 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Ray Wallace
(b) Address Speed, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Herman Cem.

18. (a) Signature of funeral director Goodman & Roller
(b) Address Boonville, Mo

19. (a) 3-7-40 (Date received local registrar) (b) Ann Whitaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th year 1940 hour 6 A.M. minute M.

21. I hereby certify that I attended the deceased from Feb 15, 1940, to Mar 6th, 1940 that I last saw him alive on Mar 1st, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to 8 J.W.

Due to

Other conditions Senile Debility
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy No

Duration 2 days

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 W. H. Elliott (M. D. or other)
Address Bunceton Mo Date signed Mar 7 40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
State Health Officer No. 8
State File Number 4-9-40
Date Filed

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 J H Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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, above space should be left blank.