

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11462
Registrar's No. 20

Registration District No. 444

Primary Registration District No. 4262

1. PLACE OF DEATH:

(a) County Knox Co Mo
(b) City or town Knox City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John A Pulse 420

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sybil A Pulse 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 29 Mar 21 - 1875
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Wm H Pulse

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

14. Maiden name Wester Michel

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

16. (a) Informant's own signature Sybil A Pulse

(b) Address Knox City Mo

17. (a) Pleasant Ridge (b) Date thereof Mar 3 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Pleasant Ridge

18. (a) Signature of funeral director Walter

(b) Address Wm H Pulse

19. (a) Mar 12 1940 (b) Mrs. C M. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Knox
(c) City or town P.O. Knox City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. From U.S.A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 29 day Feb 29
year 1940 hour 8 P.M. minute 8 P. M.

21. I hereby certify that I attended the deceased from Feb 29
1940, 19____, to Feb 29, 1940
that I last saw him alive on Feb 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant growth of the bowels causing Emaciation

Due to _____

Due to 46

Other conditions (Include pregnancy within 3 months of death)

Major findings: no operations

Of autopsy no

Duration

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? _____

395 While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J R Korthcutt (M. D. or other) _____

Address Knox City Mo Date signed March 2

RECEIVED

District Health Officer No. 10

District File Number 4-40-785

Date Filed APR 10 1940

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, only

....., Registered Apprentice No.

working under my personal supervision.

Signed

Fred Wolter

Licensed Embalmer No. 684

P. O. Address 1901 City 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.

No. 2-21-4
X22659

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

1. PLACE OF DEATH:

(a) County Knott
(b) City or town Knox city
(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..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME John A. Pulse

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced..... m

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year

7. Birth date of deceased Mar 21 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.
62 6 3 11 8

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER 12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) May 3 1940 (Date received local registrar) (b) Mr. C.M. Smith (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (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.

20. DATE OF DEATH Month Feb day 29
year 1940 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....; that I last saw him alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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) (c) Means of injury.....

23. Signature J. P. Northcutt (M. D. or other).....

Address Peru city Date signed.....

SUPPLEMENTAL

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

11462 (1940)