No. 2
-10-39
7-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32155

Registration District No. 378 Primary Registration District No. 4222 Registrar's No. 72

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette, Mo.
(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 years, months or days)
In this community 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard,
(c) City or town Fayetee,
(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 Emma Pulliam Wells,
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 Married,
6. (b) Name of husband or wife Clifton Wells,
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased February 21st 1891 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	8	1	hr. min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)
10. Usual occupation At Home
11. Industry or business 0
MOTHER FATHER
12. Name W.B. Pulliam
13. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)
14. Maiden name Lemorine Grisham.
15. Birthplace Missouri, (City, town, or county) (State or foreign country)
16. (a) Informant Clifton L. Wells,
(b) Address Fayette, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Io-23rd 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Ridge, 907
18. (a) Signature of funeral director Guy T. Halley.
(b) Address Fayette, Mo.
19. (a) 10/23/40 (Date received local registrar) (b) Viola McCorble, dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22 year 1940 hour 1 minute 30 A. M.
21. I hereby certify that I attended the deceased from 5-10-40, 19..., to 10-22, 1940; that I last saw her alive on 10-22, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix with generalized Metastasis — Duration 8 mo
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Carcinoma of Cervix
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 Ira Bloom (M. D. or other) M.D.
Address Fayette, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 23 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32155

Registration District No. 378 Primary Registration District No. 4222 Registrar's No. 72

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

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Fayette, Mo.
(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 20 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard,

(c) City or town Fayetee,
(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.? years

3. (a) PRINT FULL NAME Emma Pulliam Wells,

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 Married,

6. (b) Name of husband or wife Clifton Wells,

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased February 21st 1891
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	8	1	hr. min.

9. Birthplace Missouri, Howard County 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home 0

11. Industry or business 0

FATHER
12. Name N.-W.B. Pulliam
13. Birthplace Missouri,
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lamorine Grisham.
15. Birthplace Missouri, Howard County
(City, town, or county) (State or foreign country)

16. (a) Informant Clifton E Wells,
(b) Address Fayette, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Io-23rd 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge,

18. (a) Signature of funeral director Guy T. Halley. 997
(b) Address Fayette, Mo.

19. (a) 10/23/40 (Date received local registrar) (b) Viola McCorble, dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 27
year 1940 hour 1 minute 30 A M.

21. I hereby certify that I attended the deceased from 5-10-40, 19 , to 10-22, 1940;
that I last saw her alive on 10-22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix with generalized Metastasis

Duration 18 Mo

Due to

Due to 4 15

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Cervix

Of autopsy Items #9, 12 & 15 corr. by aff. from Ira B. Wells - 2-14-78

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 Ira Bloom (M. D. or other) M.D.

Address Fayette, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

2-15-78