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41
39
26390

State File No. _____

FILED JUL 18 1941

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 174

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 121 E. McCar ty
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE EUGENE PULLIAM

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Owen-Pulliam 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 7 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 5 24 _____ hr. _____ min.

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

10. Usual occupation Retired
11. Industry or business Machinist

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Pulliam
(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 6/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters, Jefferson City

18. (a) Signature of funeral director John F. Heindrich
(b) Address Jefferson City, Mo.

19. (a) 6-4-41 (b) _____
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st year _____ hour _____ minute 7:05 P.M.
21. I hereby certify that I attended the deceased from May 19th 1941 to June 1st 1941

that I last saw him alive on June 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Due to Arteriosclerosis

Due to Heart block
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)
(e) Means of injury _____
23. Signature Thomas J. Kelly (M. D. or other) _____
Address Jefferson City, Mo. Date signed June 2nd 1941

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *Albert S. White*

Licensed Embalmer No. *4168*

P. O. Address..... *Jefferson City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.