

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.

FILLED AUG 14 1941  
Registration District No. 308

Primary Registration District No. 3026

1. PLACE OF DEATH:  
(a) County Linn  
(b) City or town Chillicothe  
(c) Name of hospital or institution: Chillicothe Hospital  
(d) Length of stay: 4 days  
In this community 4 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County DeKalb  
(c) City or town Clarksdale Mo. Rural  
(d) Street No. 2 mi N. Clarksdale Mo  
(e) If foreign born, how long in U. S. A. 1 years

3. (a) PRINT FULL NAME Sophia Pulley  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. Eastern Star  
(d) Sex Female (e) Color or race White  
(f) (a) Single, widowed, married, divorced Married  
(g) (b) Name of husband or wife Carlos Pulley  
(h) (c) Age of husband or wife if alive 71 years  
(i) Birth date of deceased Sept 1877

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 15 year 1941 hour 6 minute 25 A.M.  
21. I hereby certify that I attended the deceased from June 15 1941, to July 15 1941, that I last saw her alive on July 14 1941, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>10</u>	<u>14</u>	hr. min.

9. Birthplace Clarksdale Mo  
10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name Andrew Means  
13. Birthplace Clarksdale Mo  
14. Maiden name Elizabeth Majors  
15. Birthplace Clarksdale Mo

Immediate cause of death Choking  
Coronary Arteriosclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Dispepsia  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
16. (a) Informant's own signature Charles Pulley  
(b) Address Clarksdale Mo  
17. (a) Burial (b) Date thereof 7-17-41  
(c) Place: burial or cremation Clarksdale Mo  
18. (a) Signature of funeral director W. J. ...  
(b) Address Clarksdale Mo  
19. (a) July 17 1941 (b) W. J. ...

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? \_\_\_\_\_  
(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 W. J. ... (M. D. or other)  
Address Clarksdale Mo Date signed July 17 1941

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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 ME

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

John G. Bran

Licensed Embalmer No. 3933

P. O. Address Clarkdale, 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.**