

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

26397

Registration District No. 840Primary Registration District No. 6102Registrar's No. 29

1. PLACE OF DEATH:

- (a) County Stoddard
 (b) City or town Rural - Duck Creek Twp.
 (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 28 years
 years, months or days)

3. (a) PRINT FULL NAME Albert B. Pulliam

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 26, 1874
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>7</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace Saline Co. Ill. / Illinois
(City, town, or county) (State or foreign country)10. Usual occupation farmer

11. Industry or business _____

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

16. (a) Informant's own signature Dessie Robinson
 (b) Address Dudley, Mo.

17. (a) Rural (b) Date thereof July 17, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hobbs Cemetery

18. (a) Signature of funeral director M. S. Shain
 (b) Address Fisk, Missouri

19. (a) 7-20-41 (b) De Maria Dupont
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Stoddard / 03
 (c) City or town Rural 0
 (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
 year 1941 hour 12 noon minute _____ M.

21. I hereby certify that I attended the deceased from in _____, 1940 to _____, 19____;
 that I last saw him alive on Nov. 28, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration _____

Due to High Blood pressure more than 1 yr.

Due to _____

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

Major findings: _____
 Of operations _____

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature R. F. Tarpley (M. D. or other) MD
 Address Fisk Date signed July 18, 1941

RECEIVED

District Health Office No. 2,

File No. No. Number 841-1037

Date Filed 8-11-41

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.