

FILED NOV 10 1941

Registration District No. **168**

Primary Registration District No. **3032**

Registrar's No. **312**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1021 E 10 / 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **35 years** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis MO**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **1021 E 10** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **22**
year **1941** hour _____ minute **30A** M.

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

Immediate cause of death **Angina** Duration _____
Rectors
Due to **arterio sclerosis**

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: **948**
Of operations _____
Of autopsy **none**

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 **3**
23. Signature **W. F. Bishop Coroner** (M. D. or other)
Address **Sedalia Mo.** Date signed **10-22/41**

3. (a) PRINT FULL NAME **JAMES A. POLLIAM.**

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 **Widowed**

6. (b) Name of husband or wife **Lucia Pulliam** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: **Jan 27** (Month) (Day) (Year)

8. AGE: Years **about 81** Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retired Salary**

11. Industry or business **Railroad shop.**

12. Name **unk**

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

14. Maiden name **unk**

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

16. (a) Informant **J. W. Sumner**

(b) Address **1316 E 13**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10/23/41** (Month) (Day) (Year)

(c) Place: burial or cremation **Smithton Mo**

18. (a) Signature of funeral director **McLaughlin Bros**

(b) Address **Sedalia**

19. (a) **10/23/41** (Date received local registrar) (b) **Mrs Harry Sneed** (Registrar's signature)

906 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number 11-7-41
Date Filed

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..... Robert H. Reef
Licensed Embalmer No. 3745
P. O. Address..... Sealasia, Md

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, fact should be so stated above.