

S. No. 2  
M-542  
v. 5-17-39  
X32873

29536

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. **3500**

Registration District No. 149

Primary Registration District No. 100

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days)

In this community 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. Helping Hand Institute  
(If rural, give location)

(e) Citizen of foreign country? Unknown (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME James Pullman

3. (b) If veteran, name war No record

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race W.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife.....

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

7. Birth date of deceased January 28th 1882  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>60</u>	<u>6</u>	<u>30</u>	.....hr. ....min.

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

10. Usual occupation None

11. Industry or business.....

12. Name Monroe Pullman

13. Birthplace No record  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Fields

15. Birthplace No record  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address K.C. General Hospital

17. (a) Anatomical (b) Date thereof 9 23 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Western Dental College

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place: K.C. Mo.

19. (a) 9/23/42 (b) M. M. Grove  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th  
year 1942 hour 1 minute 15 A.M. M.

21. I hereby certify that I attended the deceased from 7-27-42, 19....., to 8-27-42, 19.....; that I last saw him alive on 8-27-42, 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis with uremia

Due to..... 131B

Due to.....

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations.....

Of autopsy None

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) Means of injury.....

23. Signature Dr. M. R. Now (M. D. or other).....  
Address Med. Dir. K.C. General Hospital Date signed.....

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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.....

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

Signed.....

*Blaine E. Wulst*

Licensed Embalmer No. *4075*

P. O. Address *2332 Montez Place*  
*KS 67201*

**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.**