

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

FILED JUN 7 1943  
Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Manchester, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Prime Crest Home, 4411 N. #  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one year  
(Specify whether  
In this community one year  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. L. 96  
(c) City or town Manchester  
(If outside city or town limits, write "RURAL")  
(d) Street No. Prime Crest Home  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MOLLIE PULLUM

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 2  
6. (b) Name of husband or wife Wm. Pullum 6. (c) Age of husband or wife if alive Dead years  
7. Birth date of deceased March 1st - 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 2 29 hr. min.

9. Birthplace On Trail to California - Bald Knob  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

12. Name William Harper  
13. Birthplace Virginia 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Belle Mollie  
15. Birthplace Virginia 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Prop Burger  
(b) Address Bellvue, Mo.  
17. (a) Burial (b) Date thereof 6-2-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Johns Ev. Cem

18. (a) Signature of funeral director Louis H. Prop  
(b) Address Taskwood

19. (a) JUN 2 1943 (b) E. D. McFarland  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30  
year 1943 hour 3 minute 20 P. M.  
21. I hereby certify that I attended the deceased from May 30  
30 1943 May 30 1943  
that I last saw her alive on May 29 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 1316  
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. W. Jensen (M. D. or other) \_\_\_\_\_  
Address Manchester Mo Date signed 5/31/43

JUN 17 1994

---

---

**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, fact should be so stated above.**