

7. S. No. 2  
OM-5-42  
Rev. 5-17-38  
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25397

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 20 1943

Registration District No. 175

Primary Registration District No. 5646

Registrar's No. 96

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

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1. PLACE OF DEATH:  
 (a) County Lawrence  
 (b) City or town Rural N. Buck-prairie  
(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 13 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Lawrence  
 (c) City or town Rural, Marionville, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Pluma Ann Dull

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color of race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. L. Dull 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 4 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>4</u>	<u>5</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Alex Carnahan

12. Name Pittsburg, Pa.

13. Birthplace Emma Kimbal  
(City, town, or county) (State or foreign country)

14. Maiden name Circleville Ohio.  
(City, town, or county) (State or foreign country)

15. Birthplace J. L. Dull  
(City, town, or county) (State or foreign country)

16. (a) Informant R #1, Marionville, Mo.  
(b) Address Burial (b) Date thereof July 12-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Marionville, Mo.

18. (a) Signature of funeral director J. B. Bradford  
(b) Address Marionville, Mo.

19. (a) 7-10-43 (b) Eunice Greenley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9  
year 1943 hour 10 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 7/9 1943 to 7/9 1943  
that I last saw her alive on 7/9 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy  
Due to arteriosclerosis

Other conditions 8301  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Wayne W. Reeves (M. D. or other) D.O.  
While at work? \_\_\_\_\_ (Specify type of place)  
Address Marionville, Mo. Date signed 7/10/43

Duration 4 hrs.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

1106

RECEIVED

District Health Officer No. 6,

District File Number 743-876

Date Filed JUL 19 1943

JUL 23 1943

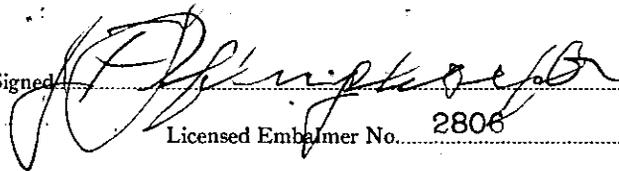
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STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 2806

P. O. Address Marionville, 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, fact should be so stated above.