S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23849

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2859

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:
General Hospt. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1236 Broadway 8
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Clinton B. Pulis

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

3. (c) Social Security No. unknown

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced M. 1

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

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Oct. 9, 1896 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
47	8	29	hr. min.

9. Birthplace Cedar Rapids, Iowa 1
(City, town, or county) (State or foreign country)

10. Usual occupation Bartender

11. Industry or business

FATHER
12. Name Winfield Pulis
13. Birthplace Cedar Rapids, Iowa 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Darr
15. Birthplace Cedar Rapids, Iowa 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lois Pulis
(b) Address 1236 Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/44 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem.

18. (a) Signature of funeral director H. Tigerman & Sons
(b) Address Kansas City.

19. (a) 7-10-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day eight
year 1944 hour 2:30 P.M. minute M.

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

Immediate cause of death Bronchopneumonia

Due to Encephalomalacia

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 830

Of autopsy See Above

Duration

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

23. Signature A. E. Upsher (M. D. or other) MD
Address 22 McCoy Date signed 7/9/44

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(Licensed Embalmer's Statement on Reverse Side)

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 Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed J. A. Ingelman

Licensed Embalmer No. 2744

P. O. Address K-C, 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.