

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10943

Registration District No. 21

Primary Registration District No. 3012

Registrar's No. 173

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

1. PLACE OF DEATH:
(a) County Clay City
(b) City or town Missouri City
(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 all her life (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME MINNIE BELL PULSE
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 16
year 1944 hour 9 minute 55 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband Walter Pulse 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Feb 17 - 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 11 1941 to Dec 16 1944
and that death occurred on the date and hour stated above.
that I last saw her alive on Dec 15 1944

8. AGE: Years 69 Months 10 Days 2 If less than one day hr. _____ min. _____

Immediate cause of death Carcinoma of Duodenum + Liver
Due to For 3 years past has also had decompensated mitral lesion
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace near Missouri City Clay Co. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Home work

Major findings: none made
Of operations none made
Of autopsy none made
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Thos. E. Mills
13. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Martha Crowley
15. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Pulse
(b) Address Missouri City Mo.
17. (a) Burial (b) Date thereof Dec. 18 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Missouri City Mo.

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? _____

18. (a) Signature of funeral director Chas. W. Archer Co.
(b) Address 2101 W. Mo.
19. (a) 12-18-44 (b) Miss Sadie Redman
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
(e) Means of injury ✓
23. Signature John B. Proctor (M. D. or other) MD
Address Black Springs Mo. signed 12/19 1944

1168

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-9-45

JAN 17 1945

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 Edgar Archer

Licensed Embalmer No. 3311

P.O. Address Liberty, 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.