V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16019

Registrar's No. 2366

Registration District No. FILED JUN 11 1945

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3238 Holmes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 7 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 3238 Holmes
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CARL WILLIAM PULS
3. (b) If veteran, name war No
3. (c) Social Security No. No.
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Zozo C Cecil Puls
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Oct. (Month) 21 (Day) 1891 (Year)

8. AGE: Years 53 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Elwood, (City, town, or county) Nebraska (State or foreign country)
10. Usual occupation Borden's Dairy
11. Industry or business Plants
FATHER
12. Name Henry Puls
13. Birthplace Germany (City, town, or county) U (State or foreign country)
MOTHER
14. Maiden name Anna Brendt
15. Birthplace Germany (City, town, or county) U (State or foreign country)
16. (a) Informant Mrs. Puls
(b) Address 3238 Holmes
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 Linwood Blvd.
19. (a) 6-1-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1945 hour 9:05 minute A.M.
21. I hereby certify that I attended the deceased from May 29, 1945, to May 30, 1945, that I last saw him alive on May 30, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial pneumonia	2-3 days
Due to Cold + flu	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 33a	
Of autopsy	

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 Don Myers (M. D. or other) M.D.
Address 925 Apple Bldg KCMo Date signed 6-1-45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Chas E Weiks

Licensed Embalmer No 2644

P. O. Address 1800 Linwood

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.