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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42274

State File No.

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 2076

1. PLACE OF DEATH:
(a) County: RIPLEY
(b) City or town: DONIPHAN (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: AT HOME (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) LIFE
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: RIPLEY 91
(c) City or town: DONIPHAN (If outside city or town limits, write "RURAL") /
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JOHN-ALEXANDER-PULLIAM
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 2 (Month) - 14 (Day) - 1867 (Year)

8. AGE: Years 78 Months 10 Days 13 If less than one day hr. min.

9. Birthplace: Ripley Co. Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Tie Inspector
11. Industry or business: Retired
MOTHER FATHER
12. Name: Pulliam
13. Birthplace: UNKNOWN (City, town, or county) 9 (State or foreign country)
14. Maiden name: UNKNOWN
15. Birthplace: unknown (City, town, or county) 0 (State or foreign country)
16. (a) Informant: Ruth Pulliam
(b) Address: Doniphan Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Ridge Cemetery
18. (a) Signature of funeral director: F.E. Jordan
(b) Address: DONIPHAN Mo.
19. (a) 12-29-45 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27 year 1945 hour 8 minute A. M.
21. I hereby certify that I attended the deceased from 19 to 19 and that death occurred on the date and hour stated above.
I last saw him alive on 12/26/45
Immediate cause of death — Duration
Due to: Lobar Pneumonia 5 days
Due to: Auricular Fibrillation 3 months
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 108

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: [illegible] (M. D. or other)
Address: Doniphan Mo. Date signed 12-29-45

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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 .....

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

working under my personal supervision.

Signed F. E. Jordan

Licensed Embalmer No. 3200

P. O. Address Doinpland

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.

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