S. No. 2
M—5-43
5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8242

Registration District No. 338 Primary Registration District No. 4501 Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Bloomfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: South Side Bloomfield (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 26 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Bloomfield (If outside city or town limits, write "RURAL") 103

(d) Street No. 2 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country — 0

3. (a) PRINT FULL NAME ELLEN E. PULLUM

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

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 March (Month) 16 (Day) 1862 (Year)

8. AGE: Years 83 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Carmi (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name Levi Williams 9

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

MOTHER 14. Maiden name Mary Lovely

15. Birthplace Unknown (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. S. R. Gibson

(b) Address Bloomfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-46 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Taylor Funeral Home

(b) Address Sikeston, Mo.

19. (a) 3/4/46 (Date received local registrar) (b) Glae Elmore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8 year 1946 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from Jan 31, 1946, to Feb 6, 1946, that I last saw he alive on Feb 6, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gangrene left leg	
Due to: Infection secondary to ulcer	2 wks.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis	15 yrs.

Major findings: Of operations: None performed

Of autopsy: None performed

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 0

23. Signature J. H. Davis (M. D. or other) MD

Address Bloomfield Mo Date signed 2-22-46

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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 346 — 332
Date Filed 3/6/46

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 W. D. Boy

Licensed Embalmer No. 4399

P. O. Address Poplar Bluff

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.