DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13688

Registration District No. 169 Primary Registration District No. 5612 Registrar's No. 36

1. PLACE OF DEATH:

(a) County Knox County

(b) City or town Novelty, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

(c) City or town Shelbina, Mo 2
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Billy Gene Pulse

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Winifred Pulse

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased February (Month) 5th (Day) 1923 (Year)

8. AGE: Years 23 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Knox County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business

FATHER
12. Name James M. Pulse
13. Birthplace Knox County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Marsh Lee Talley
15. Birthplace Hannibal (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant James M. Pulse
(b) Address Plevna, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Shelbina, Missouri

18. (a) Signature of funeral director Million & Barkelew
(b) Address Shelbina, Missouri

19. (a) April 24-46 (Date received local registrar) (b) Neele S. Hunnert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1946 hour 7 minute 18 P.M.

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

Immediate cause of death Came to his death by automobile accident. One and half mile East of Novelty. Missouri.

Due to Fractured Spull. Left arm and leg broken.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) Accident 52

(b) Date of occurrence April-15-1946

(c) Where did injury occur? Novelty (City or town) Knox (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 15 (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Keith Hudson (M. D. or other) 3 Corner

Address Edina, Missouri Date signed April-18-46

151

(Licensed Embalmer's Statement on Reverse Side)

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

12595

RECEIVED
District Health Officer No.
Death File Number 4-46-
Date APR 29 1946

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 E W Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelbina 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.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May

Registration District No. 169 Primary Registration District No. 5612 Registrar's No. 36

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Knox

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

(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Billy G. Pulse

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 5 (Day) 1922 (Year)

8. AGE: Years 23 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15 year 1946 hour minute M.

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

Immediate cause of death Collision with truck

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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) Accident

(b) Date of occurrence Apr 15 1946

(c) Where did injury occur? 2 miles East of Highway 15 Novelty (City or town) Knox (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway - 15 - (Specify type of place)

While at work? (e) Means of injury Fractured Skull

23. Signature Keith Hudson (M. D. or other) Coroner

Address Edina, Missouri Date signed May 7-46

12593

13688